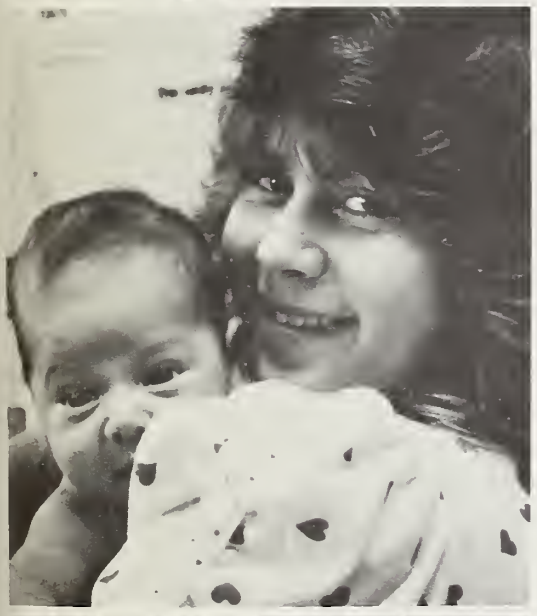
Food & Nutrition

January 1984 Volume 14 Number 1



WIC Celebrates Its Tenth Anniversary

Nutrition and health professionals throughout the country will be celebrating the tenth anniversary of the WIC program this month.

Ten years ago, the Special Supplemental Food Program for Women, Infants, and Children began as a pilot project at a few selected sites. Today, the program is operated by some 1,500 local agencies at more than 7,000 sites.

In this issue, we visit a number of these local agencies and meet some of the people who make WIC work so well. We also meet some of the mothers and children who have benefitted from WIC, including some of the very earliest participants.

WIC Celebrates Its Tenth Anniversary

This month marks the tenth anniversary of the Special Supplemental Food Program for Women, Infants, and Children, popularly known as WIC.

To celebrate this milestone in the history of one of USDA's best regarded programs, the Department is joining state health departments across the nation in saluting more than 100 WIC administrators and nutritionists for their exceptional contributions to serving people. These local operators, selected by their state agencies, are receiving special certificates to honor their achievements.

The Department recognizes the outstanding achievements of all local program operators, without whose help WIC would never have touched so many lives so effectively. With vision, creativity, and diligence, thousands of dedicated men and women have worked at the community level to provide needed food assistance to our country's most nutritionally vulnerable group—low-income pregnant and postpartum women, infants, and young children.

Working under the general guidance of state and federal administrators, it has been the local WIC administrators and nutrition professionals who have had the greatest impact on the evolution of WIC—developing it from the idea phase first conceived by Congress, to a food assistance program remarkable both in its degree of personalized nutrition aid as well as in its ability to produce measurable improvements in the nutritional status of its clients.

Unique features...

WIC is unique among all the federally administered food assistance programs. It's the only food program that provides individually tailored food packages along with nutrition education to a specific audience in a health care setting.

Congress had a very special target group in mind when it first funded WIC as a 2-year pilot project in September 1972 under Public Law 92-433. A growing awareness of the link between malnutrition and physical and mental development fostered concern on the lawmakers' part that the nation's low-income women and children might not be receiving the nutrition assistance they needed during critical phases of development.

In spite of the food programs already available in the 60's and early 70's, research suggested that many women, infants, and young children were lacking in vital nutrients. Accordingly, Congress targeted the pilot program to provide special supplemental foods to low-income pregnant and lactating women and children to age 4 whom competent health professionals found to be at nutritional risk. This established at the outset that WIC food assistance would be closely tied to medical evaluation and health care services.

The WIC foods themselves were to be prescribed on an individual basis to meet recipients' specific health needs. They would be carefully selected to provide the vitamins, minerals, and other nutrients that had been found lacking in the diets of mothers and babies.

Furthermore, Congress hoped to see the WIC program go beyond simply distributing supplemental foods on a one-to-one basis. The lawmakers envisioned nutrition education as a key service provided to program participants—a service which could enable recipients to establish better food habits to last a lifetime.

From the start, WIC was to have an evaluation component. Results were to be measured, with participants' health status evaluated longitudinally.

Today's WIC program has built upon and refined all of these features. The target group has been expanded to include children up to age 5, with benefits especially directed

toward pregnant women and infants, who are particularly vulnerable to the effects of inadequate nutrition.

Available WIC foods have increased in number and variety, and the WIC food packages have been increased from two to six.

Administrative funds are now earmarked for nutrition education purposes, enabling state and local program managers to devote greater staff and resources to this effort.

Finally, advancements in health screening, research, and evaluation have greatly contributed to the body of knowledge pertaining to the nutrition and health status of low-income mothers and children. This knowledge is being used today to improve the effectiveness of the WIC program—and WIC participants are the chief beneficiaries.

Health spin-offs...

WIC has produced some unexpected benefits that have delighted nutrition and health professionals.

The availability of free supplemental foods has drawn many low-income women into the health services system and helped make regular health care part of their lives. Participating mothers are now much more conscious of the value of preventive care and the need to protect their children's health *before* they become ill.

Pregnant women are now seeking prenatal care significantly earlier than 10 years ago. Many local WIC administrators say they see expectant mothers as early as the second or third month now, as opposed to the eighth or ninth month 10 years ago.

Breastfeeding, generally unpopular among low-income women during the past decade or so, is experiencing a revival in popularity thanks in part to efforts by WIC nutritionists.

And, infants and children on WIC are not only experiencing better health, but they're also learning better food habits from childhood.

WIC administrators recall a decade of progress

New Year's 1974 is a day WIC manager Dorothy Kolodner remembers vividly. Hospitalized for surgery that morning, she recalls hearing the excited voices of two close friends as she came out of the recovery room. They had great news for her that just couldn't wait—Kolodner's proposal to test the pilot WIC program in Allegheny County, Pennsylvania, had been approved.

The previous July, Kolodner had spotted a Federal Register notice inviting communities to take part in the pilot WIC project. She was working as a nutritionist at the time at a maternity hospital, and was aware that many expectant and new mothers were having difficulty affording an adequate diet.

Kolodner knew the WIC supplemental foods would be a godsend, if the county health department could just win approval for a pilot in the Pittsburgh area. It did, and the rest is history. Since the Allegheny project began with a caseload of 11,000 participants and two basic food packages, more than 70,000 women, infants, and children have been helped by WIC's supplemental foods and special nutrition services.

Many of today's WIC managers have been with the program since it began in 1974. They recount experiences similar to Dorothy Kolodner's, and of fighting hard to win approval as pilot project areas.

In St. Helen's Parish, Louisiana, WIC administrator Elizabeth Lee recalls that the state had made its selection of nine project areas to take part in the pilot. St. Helen's Parish was not among them. But Lee felt there was a great need for the supplemental food program, especially for infants born in the parish.

St. Helen's is a rural area, with just a single town (population: 600), and many families didn't have refrigerators. As a consequence, it wasn't uncommon, Lee says, for families to feed newborn babies a diet of dry cocoa mixed with water.

Nutrition education was not by itself enough to change the diets of the parishioners. No one had the money to purchase the foods they really needed, and this was taking its toll on their health. Infants and children, in particular, were very anemic. After thinking it over, Lee decided to fight for a program for St. Helen's Parish. She appealed to the state health department and convinced them to add one more project area to the nine they had previously selected.

Today, Lee says, you can really see a difference in the nutritional status of the parish's babies. Not only are they much less anemic, but when WIC children enter first and second grade, teachers are noticing a big difference in their learning ability.

Allegheny County and St. Helen's Parish were just two of the more than 250 project areas approved to start WIC programs in 1973 and 1974. These approved areas were in 45 states, Puerto Rico, and the Virgin Islands.

Today's WIC program, funded at more than $1 billion annually, reaches nearly 3 million participants at more than 7,000 clinic sites. Fifty states participate in WIC, as do 31 tribal bands and organizations, Puerto Rico, the Virgin Islands, Guam, and the District of Columbia. Each community has further adapted the program to serve its own local needs, so the program has grown not only in size, but in experience as well.

WIC meets the needs of many different communities

In 10 years, the WIC program has evolved to serve its clientele with creativity and sensitivity. Urban programs differ from rural programs, and the food habits, preferences, and needs of participants vary from community to community.

In Gary, Indiana, low-income mothers start their babies on solids much sooner than health experts ad-

vise. "Moms have the perception that a big baby is a healthy baby, so they start them on solids as soon as 2 to 4 weeks after birth," says WIC coordinator Edwanna Webb.

The WIC staff explain why too much weight gain is unhealthy and encourage mothers to delay the introduction of cereals until their babies are 4 to 6 months old.

In Puerto Rico, however, WIC nutritionists have to "pull out all the stops" to persuade clients to eat the food package cereals at all. There the emphasis is placed on using cereals as part of other dishes, and the WIC staff use food demonstrations and recipes to show mothers how cereals can become tasty additions to their children's meals.

In some communities, grocers have gotten involved in helping WIC participants buy and prepare healthful meals. In Pittsburgh, Pennsylvania, for instance, the Giant Eagle chain agreed to work with the county health department as part of a USDA-sponsored demonstration project.

In an 18-month storewide campaign called "Keeping the Cost of Eating Down," flyers, demonstration booths, and call-in hotlines were used to help area WIC participants improve their nutritional status.

In meeting the needs of migrants, a number of WIC offices use special scheduling arrangements to accommodate the migrant workers' need for flexible clinic hours. Because migrant workers are often called to work on short notice, they frequently miss regularly scheduled visits to WIC clinics. To help migrants come in for visits at unscheduled times, WIC clinics in Miami leave open space in their afternoon schedules for walk-in appointments.

When transportation is a problem, home visits are sometimes the best way to meet with clients. In rural Louisiana, for instance, there is no mass transportation to help clients get to clinics. So, nutritionists in some parishes make selective home visits.

Many WIC managers, such as those in Missouri and Kentucky, find they can serve participants better by "co-locating" with public health facilities and using an integrated service approach to meet the needs of their clientele. By placing WIC certification and issuance activities under the same roof with the medical and

"After 10 years, we're still discovering ways to integrate new ideas into what we're trying to do. Mothers sense the sincerity and feel we're doing something positive...because, really, we're building on a very old idea. One that says, 'I care about you enough to share my food."

—Dorothy Kolodner, Allegheny County, Pennsylvania

health screening services offered by local health departments, administrators in both programs find they can broaden and streamline the scope of their services.

In Missouri, for instance, local health offices can count on frequent, regular visits from WIC clients who must come in monthly to pick up their WIC vouchers. Participants who would not ordinarily make an effort to bring in their babies for regular immunizations find it easy to combine a doctor visit with a stop off to pick up their vouchers.

Wherever WIC clinics are located, administrators and nutritionists make the program work so that it uniquely fits with local needs.

Nutrition education is a crucial part of the local agency's job

In many respects, the heart of the WIC program is its nutrition education component. In the early years, local administrators managed the best they could to perform this important job. Staffing was limited, and administrative money was scarce.

But in 1975, P.L. 94-105 amended earlier legislation to permit program managers to use administrative monies for nutrition education purposes. In 1978, the law was changed again—this time requiring at least one-sixth of each state's administrative expenses be spent for nutrition education.

Over the past 10 years, program administrators have been able to devote increasingly more staff time and resources to providing their clients with nutrition counseling. WIC managers feel that the nutrition information and preventive health care provided to clients is crucial in helping them achieve lasting long-term benefits.

In today's WIC program, local agencies provide nutrition education to mothers, expectant mothers, the caretakers of participating children, and to the children themselves whenever possible. WIC nutritionists strive to teach the relationship between good nutrition and good health, help participants develop better food habits, and show participants how to make the best use of the WIC foods to supplement their diets. WIC clini-

★ ★ Highlights of WIC History ★ ★

January 15, 1974 was the day the first WIC site officially opened. But WIC history began in September 1972, when the original WIC legislation, Public Law 92-433, authorized the program to operate on a pilot basis for 2 years. Some key dates in WIC history are:

★ **July 1973**
USDA issues regulations requesting applications from agencies interested in operating the program.

★ **November 1973**
Public Law 93-150 authorizes WIC through fiscal year 1975. The law also allows Indian tribes, bands, or groups recognized by the Department of Interior or the Indian Health Service to act as their own state agencies.

★ **January 1974**
The first WIC program opens in Pineville, Kentucky.

★ **October 1975**
Public Law 94-105 continues WIC through fiscal year 1978. The law sets a new age limit for children, allowing them to participate up to their fifth birthday. It also increases state administrative funds to 20 percent of the federal funds provided by USDA.

For the first time, nutrition education and start-up expenses become allowable administrative costs. The law also establishes the National Advisory Council on Maternal, Infant, and Fetal Nutrition.

★ **November 1978**
Public Law 95-627 extends WIC through fiscal year 1982. The law establishes income guidelines, requires each state agency to spend no less than one-sixth of its administrative funds for nutrition education activities, and includes state plan requirements.

★ **April 1979**
Special grants are awarded to state agencies to serve migrants.

★ **December 1979**
USDA sponsors a national forum on program management, bringing together WIC directors from all state agencies to discuss state-level administrative issues. The meeting, held in Albuquerque, also includes state directors of the Commodity Supplemental Food Program (CSFP), another federal food program serving mothers and children.

★ **April 1980**
Special grants are awarded to state agencies to serve an influx of Indo-Chinese refugees.

★ **August 1980**
Wyoming is the last state to enter the program.

★ **December 1980**
Public Law 96-499 extends WIC through fiscal year 1984.

★ **January 1981**
A second national meeting provides a forum for WIC and CSFP state agency directors to share information on food delivery systems.

★ **June 1981**
Washington, D.C., begins serving participants.

★ **May 1983**
Guam begins serving participants.

★ **February 1984**
A national meeting sponsored by the National Association of State WIC Directors provides a forum for state agency directors to discuss program issues.

Eighty-five state agencies currently operate the program. They include: agencies in all 50 states; 31 Indian agencies; and agencies in Washington, D.C., Puerto Rico, the Virgin Islands, and Guam.

Working with these state agencies are approximately 1,500 local agencies and 7,100 clinics.

cians also counsel pregnant women on the benefits of breastfeeding.

Some groups of WIC participants need extra assistance and understanding. Pregnant teenagers, for example, are often at the greatest nutritional risk, due to poor eating habits. Low income further compounds the problem, making it even more difficult for these young women to obtain adequate diets.

Barbara Toth, a WIC nutrition consultant overseeing the program in 15 Pennsylvania counties, says her nutritionists use 24-hour recall sheets to help encourage their young clients to keep working at improving their diets between visits to the clinic.

Because pregnant teens often fear the weight gain that accompanies pregnancy, the clinic staff also uses visual aids and booklets to reassure teens that it's important to eat well and gain weight "for the baby."

In some communities, WIC teens are among the most receptive clients to nutrition counseling. Breastfeeding, for instance, has caught on especially well among teenage mothers in Puerto Rico. "Younger mothers are more motivated to breastfeed than older mothers," says Maria de los Angeles Dias, of Puerto Rico's state agency. "They're very interested in all the new techniques in infant feeding. It's the fashion."

To encourage breastfeeding, many WIC clinics in Puerto Rico hold group meetings where they have breastfeeding mothers come talk about their experiences. Sometimes they invite guest speakers from national or local organizations.

Program managers have found WIC participants themselves a great source of ideas for nutrition education programs. In many communities, WIC nutritionists ask clients for feedback on program efforts.

"We solicit responses from 5 percent of our caseload on a nutrition education form," says Barbara Toth. "The form explains to clients what nutrition education is and asks them what they'd like more of—films, group classes, etc." Using evaluation forms helps clinics adapt their nutrition education efforts to make them more useful and acceptable to clients.

WIC gets results

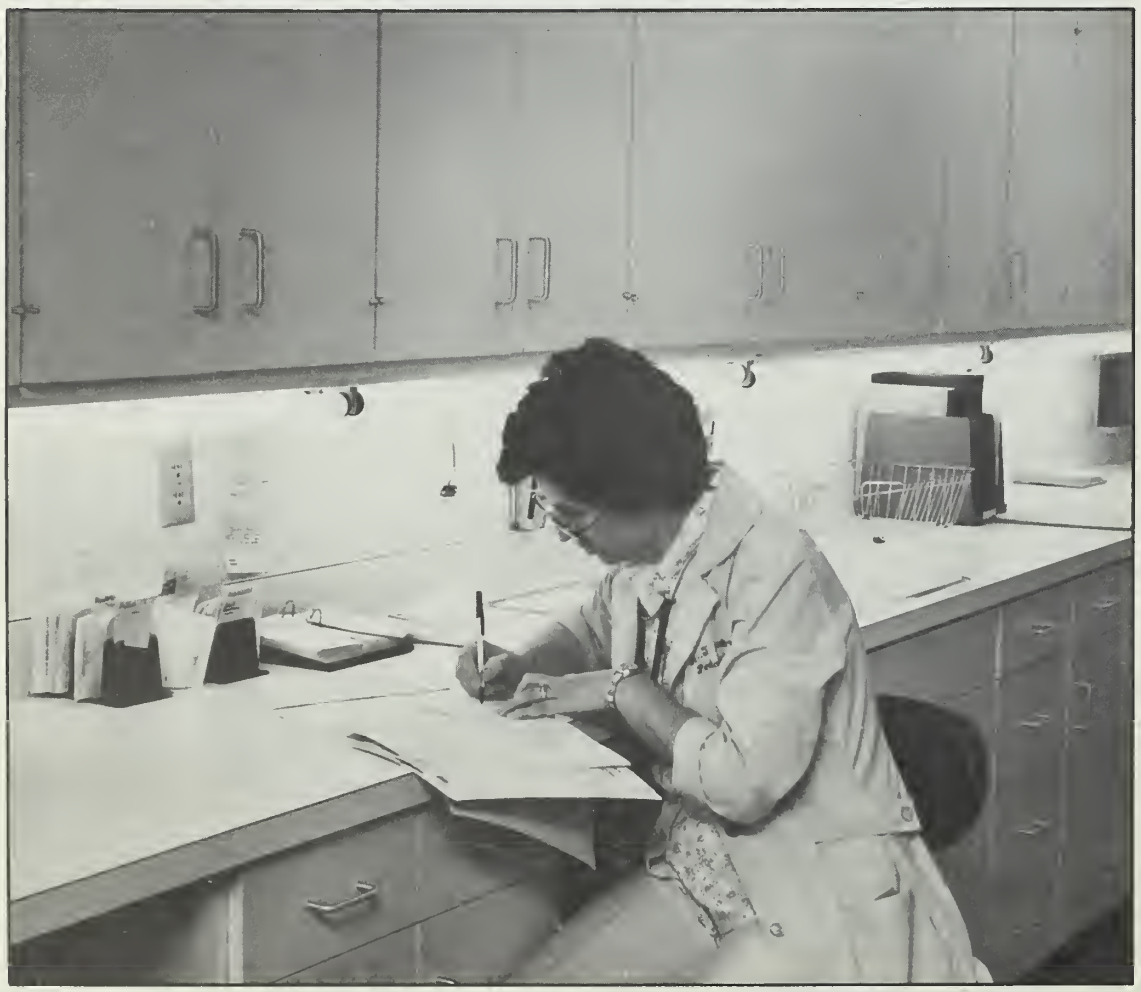
In just a decade, the WIC program has significantly improved the health and nutritional status of millions of women and children. A vital testimony to the efficacy of WIC can be seen in the babies born to WIC mothers. Numerous studies, including one published by the Massachusetts Department of Health in 1981, showed positive trends in the reduction of both neonatal mortality and in the incidence of low birth weight.

Low birth weight has long been associated with a higher frequency of developmental abnormalities, increased medical costs and longer hospital stays. An evaluation prepared for the Harvard School of Public Health in 1979 suggests that WIC is cost-effective in terms of its potential to reduce medical costs associated with low birth weight.

Some studies show infants and children participating in WIC have decreased rates of anemia and accelerated rates of growth. And, research published in 1982 in the American Journal of Public Health has suggested that WIC may also be contributing to improved mental performance by participants.

Testimonials from hundreds of local administrators and other health professionals also speak of WIC's ability to get results. According to Dr. Alvin Mauer, medical director of St. Jude's Research Hospital in Memphis, virtually everyone who is close to the program feels that WIC has been effective in achieving what it set out to do.

"WIC has been extremely well received by participants, has received high marks from administrators, and is seen as an effective mechanism by Congress if you look at its funding history," he says.



Effective management gets WIC benefits to those who need them

In the past decade, WIC has grown to a more than $1 billion program serving nearly 3 million participants. This rapid expansion has demanded an equally rapid increase in the level of sophisticated management needed to oversee growing caseloads and budgets.

Because WIC is a fixed grant program, the number of clients that can be served is dependent upon the efficient management of limited resources. Because of this, WIC administrators have been quick to employ the latest management tools to ensure that funds are used to the maximum benefit.

For instance, in Dade County, Florida, as many as 12,000 participants are served each month in 14

clinics. In this large urban project area, three full-time specialists are employed to attend exclusively to financial matters and internal auditing, giving the local WIC administrator, Denise West, excellent control over the program's operation.

In sparsely populated, rural areas like much of Alaska, administrative dollars are extremely tight, and WIC managers like Joan Pelto make heavy use of volunteer help and the mail to bring WIC to 1,500 rural participants spread out over one-half million acres of land.

The state's high cost-of-living and travel costs would make many administrative functions very difficult to carry out without the dedication and ingenuity of the program's administrators.

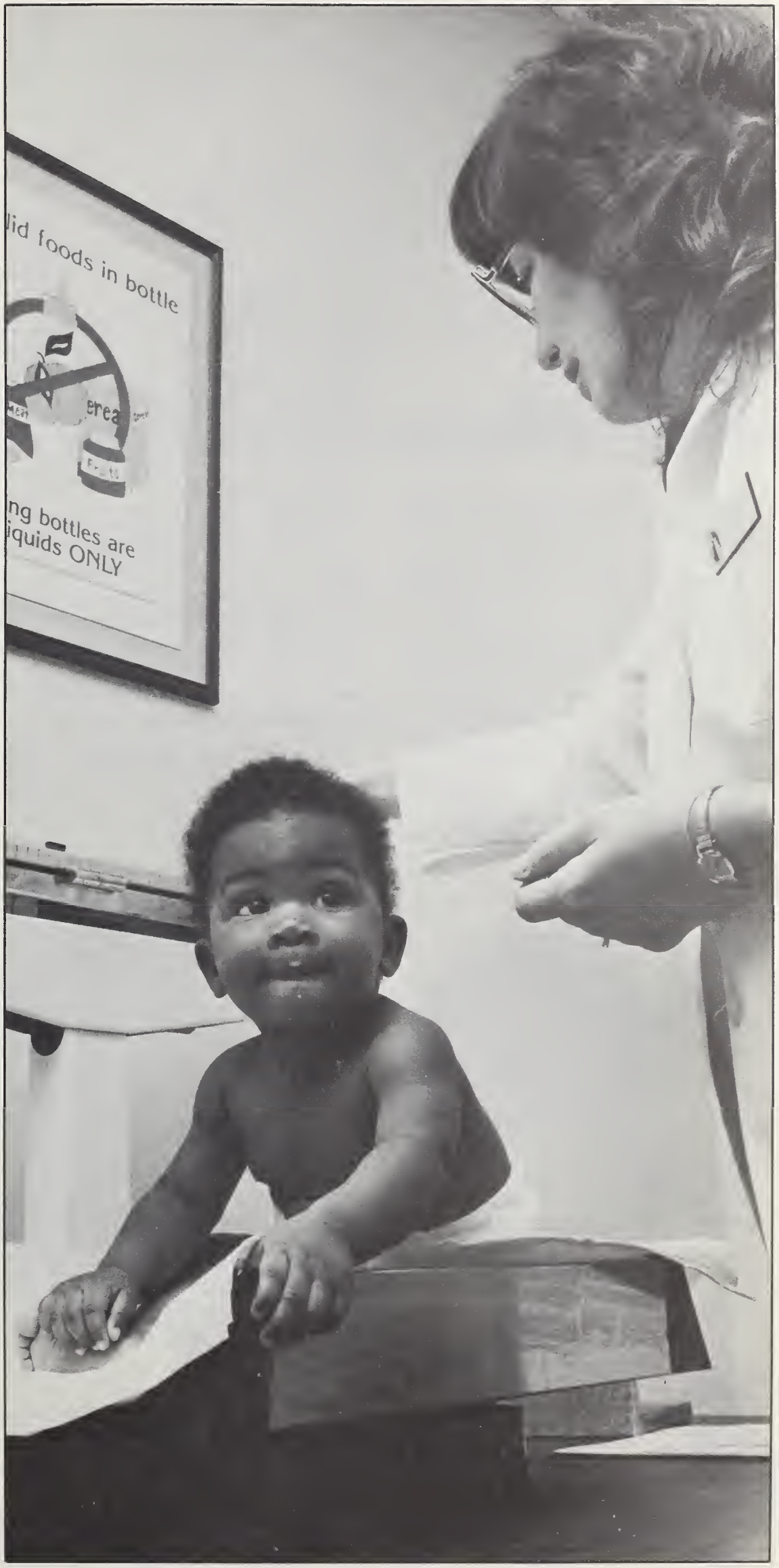
Administrators in all parts of the country are looking for ways to improve service to clients, while halting any abuses that may be discovered. Many states and communities have found ways to use computers to protect their clients' food benefits as well as their health.

For example, computers are currently being used in many areas of the country to identify grocers who are overcharging WIC customers for food package items, accepting WIC vouchers in exchange for ineligible items, or illegally engaging in discounting WIC vouchers. WIC managers have found computerized vendor monitoring very effective in keeping program monies from getting into the wrong hands, since dishonest vendors can now be promptly dropped from the program.

In California, state WIC director Jack Metz and his staff have set up a "vendor specific" program, which requires a WIC participant to select a specific vendor from a list of grocers under contract with the state. The vendor's name and WIC authorization number are imprinted on the participant's WIC vouchers, and the participant buys WIC foods only at that store.

Because the grocer's authorization number is printed on each voucher, a computer can trace a particular voucher to the store where it was used, and it can show how much a grocer charged for each WIC food. The system makes it easy to identify and take action against grocers who are overcharging WIC customers.

Computers are also being used to enhance WIC's service to clients



through nutrition surveillance. In Bradford, Rhode Island, assessment data for each WIC client—including height, weight, and blood analysis—is computerized and sent to the Center for Disease Control (CDC) in Atlanta.

CDC is then able to alert the clinic of high-risk clients who need special followup, and also high-risk groups. "Nutrition surveillance is great for intervention purposes," says Gemma Gibbs, Rhode Island's public health nutritionist. "It helps us put our energy where the problems are."

Upcoming directions...

As WIC enters its second decade, program administrators will need to continue prudent management of their resources. Working with state and local program managers to help them get the best mileage out of their administrative funds, USDA's Food and Nutrition Service will be doing administrative cost analyses to identify "best practices"—techniques that can be shared among the state and local operators.

Federal administrators will also be drawing upon the states' experiences with vendor monitoring to see if vendor abuses are a significant problem needing more attention.

More research and evaluation projects will be underway in 1984, and, as this research is completed, it may suggest new policy directions. Some of the questions being asked are: What are the actual demographic characteristics of the current WIC population? Is WIC serving those at the greatest nutritional risk in the target population? Are there better screening techniques that can be used to identify high-risk participants? And, what is the impact of nutrition education in WIC?

Much remains to be learned about WIC, and while some of the answers will come from formal evaluations, many more will come from the people in local agencies who make WIC work.

"After 10 years, we're still discovering ways to integrate new ideas into what we're trying to do," says Dorothy Kolodner. "Mothers sense the sincerity and feel we're doing something positive . . . because, really, we're building on a very old idea. One that says, 'I care about you enough to share my food.'"

article by Carol M. Stansfield

Questions and Answers on WIC

What is WIC?

WIC is a supplemental food program operated by state and local health agencies in cooperation with the U.S. Department of Agriculture (USDA). The program provides specially tailored packages of food along with nutrition education to participating women, infants, and children.

WIC participants are eligible low-income persons who are determined by competent professionals (nutritionists, nurses, physicians, and other health officials) to be at "nutritional risk" because of inadequate nutrition, health care, or both.

Through WIC, USDA provides federal funds to participating state health departments or comparable state agencies, which in turn distribute funds to participating local agencies. The funds pay for supplemental foods for participants as well as specified administrative costs, including costs of nutrition education.

Indian tribes, bands, groups, or their authorized representatives may act as state agencies if they are recognized by the Bureau of Indian Affairs of the U.S. Department of the Interior, or the appropriate area office of the Indian Health Service of the U.S. Department of Health and Human Services.

Who is eligible for WIC?

Pregnant, postpartum, and breastfeeding women, and infants and children up to their fifth birthday are eligible if they: (1) meet the income standards; (2) are individually determined to be at nutritional risk and in need of the supplemental foods the program offers; and (3) live in an approved project area (if the state has a residency requirement) or belong to special population groups such as migrant farmworkers, Native Americans (Indians), or refugees. Length of residency is not an eligibility requirement.

"Nutritional risk" is a term used to

indicate abnormal weight gain during pregnancy, a history of high-risk pregnancies, low birth weight, inadequate growth, obesity, anemia, or an inadequate dietary pattern. When a local agency has limited funds to serve additional participants, applicants are classified according to a priority system based on nutritional need, and placed on the program if space becomes available.

What supplemental foods do participants receive?

Infants through 3 months of age receive iron-fortified formula. Older infants (4 through 12 months) receive formula, iron-fortified infant cereal, and fruit juices high in vitamin C. An infant may receive formula that is not iron-fortified or special therapeutic formula when it is prescribed by a physician for a specified medical condition.

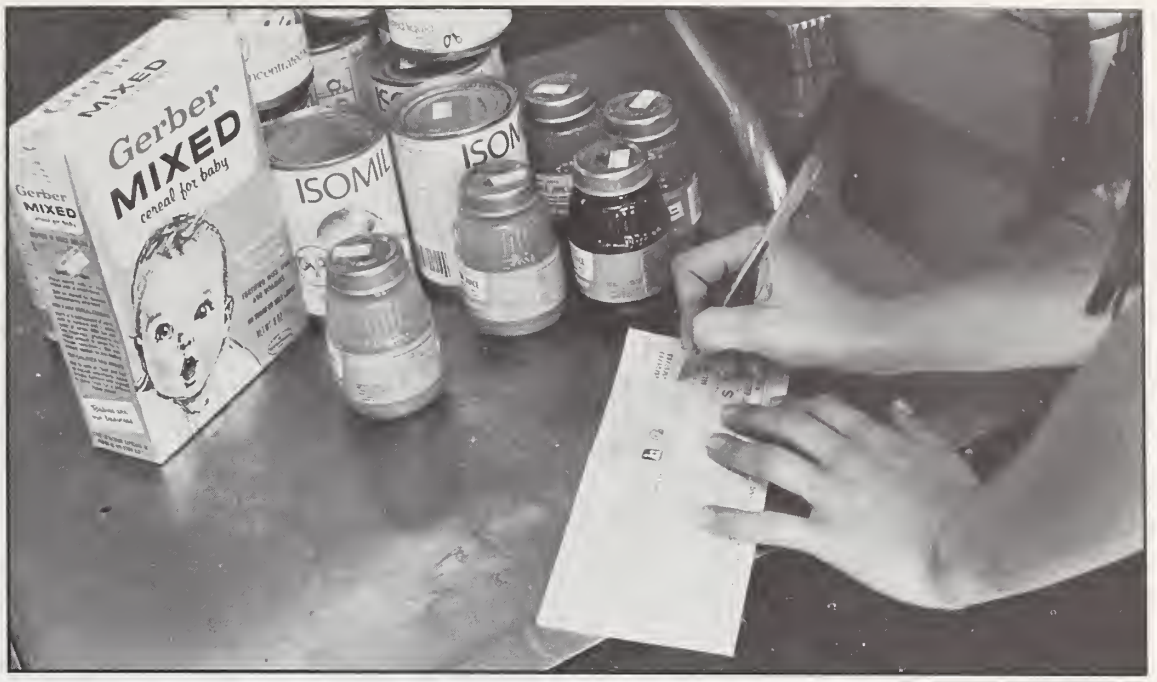
Participating women and children receive fortified milk and/or cheese; eggs; hot or cold cereals high in iron; fruit and vegetable juices high in vitamin C; and either peanut butter, dry beans, or peas. WIC provides breastfeeding women with a food package to meet their extra nutritional needs.

Women and children with special dietary needs may receive a package containing cereal, juice, and special therapeutic formulas. For a participant to receive this package, a physician must determine that the participant has a medical condition that precludes or restricts the use of conventional foods and requires a therapeutic formula.

How do participants obtain supplemental foods?

In most states, WIC participants receive food vouchers to purchase the supplemental foods at local grocery stores. These vouchers are "food-specific," meaning they can be used only for the foods prescribed by the health or nutrition professional at the local WIC agency. In other areas, the foods are delivered to participants' homes, or participants pick up the foods from warehouses.

Each state agency can design a food delivery system to meet its needs. Some state agencies use a combination of delivery systems.



What kind of nutrition education do participants receive?

Nutrition education is available to all adult WIC participants, to parents or caretakers of participating infants and children, and whenever possible, to participating children. This nutrition education is designed to have a practical relationship to participants' nutritional needs, household situations, and cultural preferences.

The goals of WIC nutrition education are to teach the relationship between proper nutrition and good health, to help the individual at nutritional risk develop better food habits, and to prevent nutrition-related problems by showing participants how to best use their supplemental and other foods. WIC agencies encourage breastfeeding and counsel pregnant women on its nutritional advantages.

Federal regulations require local agencies to provide each WIC participant with two nutrition education "contacts" per certification period, which is usually 6 months.

How are local agencies selected for funding?

Every state agency must rank areas under its jurisdiction (such as counties, health districts, or special populations) in order of greatest need based on economic and health statistics. States must target funds in this order of rank. The state agency selects a local public or private nonprofit agency based on the type of service and capabilities of the agency and the needs of the local area. Consideration is given to each agency according to a priority system.

The priorities are as follows: (1) a health agency that can provide both health and administrative services; (2) a health or welfare agency that must contract with another agency for health or administrative services; (3) a health agency that must contract with a private physician in order to provide health services to a specific category of participant (such as women, infants, or children); (4) a welfare agency that must contract with a private physician in order to provide health services; and (5) a health or welfare agency that will provide health services through referral.

For the WIC program, the term "health services" means ongoing, routine pediatric and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment.

Can eligibility decisions made by the WIC program be appealed?

Every state agency is required to have a fair hearing procedure under which adult applicants, and parents or guardians of infant and child applicants, can appeal a denial of eligibility or a termination made by the local agency.

A Return to Pineville, Kentucky

Ten years ago, on January 15, 1974, Debbie Holland became the first participant in the nation's new WIC program. Like many residents of Pineville, Kentucky, Mrs. Holland was facing hard times when she applied for WIC. Her husband had been laid off from the mines where he worked, and they were having trouble affording the food she needed during pregnancy.

"WIC is a good program," she says today, "because you and your children get the food you need when times are rough. My son Marlin was on the program for about 3 months until my husband went back to work."

Today, things are better for the Hollands. While they still use food stamps occasionally when Mr. Holland is laid off, Debbie has worked as a grocery cashier and recently completed an employment training program that will enable her to work in retail sales at a nearby shopping center. Their two sons, Marlin, 11, and Shannon, 9, are both healthy and strong.

Officials see much progress

Dr. Emmanuel Rader, health consultant for the Bell County Health Department, says he's seen a lot of progress over the past 10 years—a lot of kids, like Marlin Holland, who have gotten a chance for a healthy start in life.

"With the beginning of WIC," he says, "we started to solve the problem of improper nourishment. There have been many times when health problems, such as severe cases of failure-to-thrive in infants due to an intestinal milk allergy or formula intolerance, have been detected because of participation in WIC. Most people could not have afforded the special formula needed if it had not been for WIC."

Dr. Rader, who worked with the first WIC program operated by the Maternity and Infant Care Project (M & I) in Bell County, feels that adequate nutrition for infants is a critical part of the WIC program. "Proper nutrition is one of the most important roles of health care, and providing specific foods, such as the ones in the WIC program, is the most effective way to target help to those who need it."

Nutritionist Mary Ruth Thacker, who has been with the Pineville WIC program since 1975, has also seen many changes. Because of some of the mountain traditions that have been passed down, she says it has been—and still is—a challenge to educate clients.

"Some infants are fed gravy and eggs at 3 months since that is what granny did," she says. Effective nutrition education decreases parents' dependence on these traditions.

WIC is part of total care

The Pineville clinic is part of the Cumberland Valley District Health Department, where WIC is an important part of an integrated health care approach. Herman Johnson, administrator of Cumberland Valley explains, "We want to provide every service we can once we get the children into the health departments. Without WIC, the services of our other programs would not be fully utilized."

Janie Gambrel learned first-hand about the benefits of integrated health services. Janie was one of the earliest WIC participants, and every one of her four children has been on WIC. Jennifer, 9, and Marcus, 6, were both on WIC for a year. Russell, 3, and Brian, 3 months, are still on WIC.

The WIC program has been especially helpful to Russell because pyloristenosis, a serious constriction below the stomach requiring surgery, was diagnosed in an M & I clinic. "If Russell had not been on WIC, I would not have known about his problem since I did not come in very often for other services," says Mrs. Gambrel.

As an infant, Russell also needed a special formula that might have been too expensive for the Gambrels to buy. "Without the help of the WIC program, our children probably would have gone hungry,"

> **"Proper nutrition is one of the most important roles of health care, and providing specific foods, such as the ones in the WIC program, is the most effective way to target help to those who need it."**
>
> *—Dr. Emmanuel Rader, Bell County, Kentucky*

Mrs. Gambrel says.

Martha Blair, who was the director of nursing for the M & I program, is now director of health services for the Mountain Trails Health Services, a health maintenance organization in Harlan, Kentucky. She is well educated and successful, but grew up in extreme poverty and remembers when she actually went without food for several days.

She no longer sees the hunger she experienced as a child and feels that the quality of life has improved significantly over the past 10 years due to people who care and programs like WIC.

State nutrition director Peggy Kidd, who also serves as WIC coordinator, is proud of the health professionals who work with WIC throughout the state. The program is available in all counties and is serving close to 60,000 women, infants, and children each month.

"WIC continues to be a vital part of an integrated health care system in Kentucky," Kidd says. "It is there when it is needed."

For more information, contact:
Peggy Kidd
State Nutrition Director
Department of Health Services
State Cabinet for Human Resources
275 E. Main Street
Frankfort, Kentucky 40621
Telephone: 502-564-3827

article by Kent Taylor
photos by Larry Rana

The Gambrel children have all benefitted from WIC. Jennifer, who is now 9, was one of Pineville's earliest participants. Marcus (far right), who is 6, was a participant for about a year. Three-year-old Russell (center) and baby Brian (not pictured), 3 months, still participate. Above, Jennifer holds a photo taken when she was a WIC participant.

Changing Habits Through Nutrition Education

Over the years, WIC managers and nutritionists have found a variety of ways to give their clients helpful, practical nutrition advice, as well as instruction on using WIC foods.

Here's how a number of local WIC agencies are tailoring nutrition education to the particular needs of their clients and making the activities meaningful, interesting, and fun.

Mary Owen, WIC coordinator in Waterville, Maine, plans a variety of activities for children and adults. Here, she serves fruit juice to the children as part of a lesson on vitamin C.

Motivating participants

[redacted] Joyce Garrick, in Chicago, employs what she calls a "quality assurance" technique in both her individual and class counseling. Using this technique Garrick sets education goals for her clients.

"The participant must understand both the 'why' and 'how' of her medical condition and nutritional needs before we can ever hope for dietary change," Garrick says.

If a woman is anemic, for example, Garrick explains what anemia is and how vitamin C and iron help eliminate it. This helps the participant understand why she needs to eat more foods containing these nutrients.

"I show the client that, in fact, the reason she might feel so tired and irritable is directly related to her specific dietary habits," Garrick says. To make sure the education goals with the participant have been met, she verbally tests the client's comprehension and asks her to make a verbal commitment to improve her dietary habits.

Garrick uses visual aids whenever she can. "I like using the Dairy Council's comparison cards that contain pictures of 50 to 60 different foods," she says. These cards illustrate some of the nutrients the foods contain and their percentage of the National Academy of Science's recommended dietary allowances (RDAs).

"Sometimes I show medical pictures of people and animals who are suffering from nutritional deficiencies. I want my clients to understand and see for themselves the relationship between diet and disease."

[redacted] Ruth Ryan of Richmond, Virginia, also personalizes instruction. "Whatever we do to educate WIC participants," she says, "we try to get them involved as much as possible."

One way she has been successful in doing this is by having the participants play games during nutrition education classes. In one of the games, she uses the Dairy Council's comparison food cards. She covers up the name of the food but shows the nutrient it contains. Then she asks, "Which food group is it? What food is it?"

In another game, Ryan fills mystery bags with Dairy Council food models, which are cardboard pictures of foods. The foods in each bag comprise a meal that has something wrong with it. Participants each receive a bag and paper plate to put the food on. They then discuss how they can improve each meal by balancing it according to the four food groups and improving its texture and appearance. This is a lesson in meal planning.

Circling 10 foods out of a list of 15 or 16 is a shopping list game participants play. They are told they only have enough money to buy 10 of the foods on the list. After they circle the foods they would buy, they discuss the nutrients the foods contain and the food groups the foods belong to.

The 24-hour recall game makes the mothers focus on what they have been doing in their own homes. In this game, the mothers write down what their children have eaten over the last 24-hour period. They then have to evaluate these foods in terms of the four food groups and missing nutrients.

[redacted] Motivating participants with fun and fitness is what Kathy Hoy of Richmond Heights, Missouri, did with the "WICnic" she held last summer. About 125 WIC participants in this St. Louis county area came out to a local park to enjoy an afternoon of nutrition games and physical activity.

One of the games was "Nutrition Bingo," in which participants received cards with five food categories on them. These categories were: high fiber, low sodium, low sugar, high nutrients per calorie, and low fat.

On the cards were pictures of foods associated with these

categories. As the participants played the game, their knowledge of the foods pictured and the benefits of these foods were reinforced. While the moms played bingo, the children could watch cartoons on nutrition.

There were also games for the young ones to play. The 2- to 4-year-olds played "Pin the Tail on the Cow," which was both educational and fun. "This game gave us the opportunity to teach the kids about milk," says Hoy, "where it comes from and its importance."

A scale where participants could weigh themselves was also at the park that afternoon. Lists of ideal weights for different heights were posted near the scale.

Teaching children

In Maine, Polly the Kangaroo (also known as Polly's Pocket) has been teaching nutrition education to preschoolers since October 1982. This colorful exciting character will continue performing for children in the Waterville and Skowhegan WIC offices and in day care and Head Start classrooms until April 1984.

At least once a week an employee with basic nutrition knowledge and an understanding of young children, dresses in a kangaroo's costume. Aided by foods she carries in her "pocket," Polly teaches young audiences about vitamins and minerals, protein, the importance of eating breakfast, and why some foods are good for your teeth and others are not.

The activities are coordinated with the monthly nutrition themes at the clinics so that mothers receive the same nutrition messages as their kids and the messages reinforce each other.

Stickers, posters, plastic cups, and placemats children can color are educational materials used in the project. The kangaroo character appears on these, depicting a nutrition concept. The performing kangaroo uses these materials to reinforce the nutrition message in its activity of the day.

Information sheets highlighting the nutrition concept and the nutrition activity are available for parents. They also contain suggestions for follow-up activities at home.

Describing why she began the kangaroo project, Mary Owen, the WIC coordinator, says, "Recognizing that it is much easier to develop healthy eating habits than to change poor ones, we want to help children, in an exciting way, explore various foods and learn how these foods will help them grow and be healthy."

Part of this project also includes producing a "WIC and You" video series that uses the kangaroo and WIC foods. This series will focus on the WIC foods and their importance in the child's diet. An evaluation of the effectiveness of the project will be conducted at the end of the school year.

Using newsletters

As an ongoing means of educating participants about good nutrition, many WIC managers throughout the country use newsletters to keep participants informed.

In Missouri, Kathy Hoy sends a newsletter to her nine St. Louis County sites each month. Each

A performance by Polly the Kangaroo makes learning fun for kids and parents alike. Polly's lessons reinforce the nutrition theme of the month.

newsletter features a different topic that is related to food and nutrition. Her newsletter for July, for example, was on nutritious snacks and for August it was on food purchasing. Participants receive the newsletter when they come in to get their monthly vouchers.

Karen Klein in Waterbury, Connecticut, uses a newsletter every 2 months as a secondary contact with her participants. With the newsletter and a questionnaire, a nutrition aide reviews the nutrition information with the participant to make sure she understands it. In this way, the newsletter is used as a teaching tool.

Rebecca Maxwell in Farmville, Virginia, has a section in her monthly newsletters set aside for WIC participants to share information with each other. Some ideas they have been sharing include recipes for using WIC foods in nutritious snacks for children.

At the beginning of September, Maxwell got two participants from each of her seven counties to test submitted recipes in their homes. They tried them to see how easy they are to follow and how well their children like them.

The easiest, most popular recipes will be included in a 12- to 15-page mimeographed cookbook that should be available to all participants by March.

Managing large caseloads

Group classes and effective management of staff are keys to Cheryl Kenady's success in teaching nutrition education to a large caseload of 8,000 in Dayton, Ohio. Five licensed practical nurses allow the eight nutritionists (one of these is half-time) to concentrate on nutrition education. The nurses do the medical screenings and help in encouraging breastfeeding, which allows the nutritionists to counsel twice as many participants.

Due to a lack of space and staff, for the past 2 years Kenady has used a combination of classes and individual counseling. All participants receive individual counseling at initial certification, and more than half—64 percent—have individual appointments at mid-certification as well.

Classes are held once a month for both children and mothers. They are on such topics as anemia, the overweight and underweight child, and dental care. Topics for the prenatal woman include breastfeeding, formula preparation, feeding your baby, and basic nutrition. Postnatal classes include budgeting, breastfeeding and feeding in general, and recipes and cooking ideas. There are also classes for older children. One of the subjects included is snacking, which is taught with the help of a film, "The Snacking Mouse."

Recipes on the back of dairy calendars are another way Kenady informs participants about nutrition. In Dayton, milk, eggs, cheese, cereal, peanut butter, juice, and baby formula are delivered to participants' homes by authorized dairy companies.

Participants receive dairy calendars every 3 months when they come in for their appointments. On these calendars are recipes that either the participants or nutritionists have offered.

Kenady feels her efforts have paid off. "Kids who were anemic or overweight," she says, "are no longer this way. The beauty of WIC is that these foods become a habit for the kids. The kids ask for them and the parents aren't inclined to deny them."

In Knoxville, Tennessee, some carefully planned teamwork helps WIC nutritionists at the main clinic handle a caseload of about 4,700. The four nutritionists who work at the main clinic divide up the caseload and work on a buddy system so they can help each other out.

"Each nutritionist under this system has a buddy who will help her if she needs it or will handle the caseload if she is not there," says nutritionist Susan Brokaw. "As a result, two buddies share the caseload and are a real support for each other."

Being located close to the University of Tennessee has also been a big help in handling a large caseload. Brokaw benefits from the help of students in the Department of Food and Nutrition at the university who initiate projects and do field work at the WIC clinic. Brokaw provides the field work and directs their projects.

In addition, the clinic has benefitted from the help of paraprofessionals, who have also been university students. They have assisted in plotting growth measurements for participants' records. They also have helped the nutritionists develop and teach classes, allowing the nutritionists time to work individually with participants.

Educating teenagers

"Being housed in a hospital where our teenagers can get the support of other social service agencies has helped teenagers on the WIC program enormously," says WIC director Kit Plourde of Bristol, Connecticut.

"The other social services agencies in the hospital and in the community back up our nutrition information, and we back up their prenatal information. We share with and reinforce each other. As a result, the girls can take care of themselves and their babies better."

High-risk prenatal cases, a category that some teenagers fall into, receive the best coordinated help the social service agencies can offer. Representatives from these agencies get together once a month to discuss a patient's total care.

Above and opposite page: Chicago nutritionist Jimmye Smith counsels a young mother on her baby's growth and development. When the baby is 4 months old, she explains, the WIC food package will include iron-fortified cereal as well as formula and juices high in vitamin C.

Representatives include a medical social worker, a nurse practitioner at the prenatal clinic, a WIC nutritionist, a PACE (Prevention of Child Abuse—A Community Effort) coordinator, the head nurse on the pediatrics and obstetrics/gynecology floor, and a representative of the Girls' Young Parent Program.

This coordination among the social services extends to nutrition education as well. "As a nutritionist, I not only educate these girls through the WIC program but also through the Young Parent Program," says Jean Kostak, a nutritionist at the Bristol clinic.

The Young Parent Program is a support group for pregnant teenage girls and teenage mothers. As a regular part of the program, social service professionals come and counsel the girls on such topics as how to stay in or get back to school, prenatal care, and caring for a new baby.

Sometimes using films, Kostak discusses nutrition needs during pregnancy. She talks about how food affects the health of a growing fetus and how smoking, drugs, and alcohol can hinder a fetus' development.

To give each girl as much individual attention as possible, Kostak asks the girls to write a diet journal 2 weeks before a class starts. In the journal they write down everything they eat during a week or as many days as possible. A week before the class begins, they hand in the journal. Then Kostak does a complex nutritional assessment of each girl's dietary intake where she evaluates the strengths and weaknesses of the girl's diet and makes recommendations for improvement.

"The participant must understand both the 'why' and 'how' of her medical condition and nutritional needs before we can ever hope for dietary change...I show the client that, in fact, the reason she might feel so tired and irritable is directly related to her specific dietary habits."

—Joyce Garrick, Chicago

"An example of what I might tell them," Kostak says, "is this: 'Some ways to increase your calcium would be to drink more milk or eat more dairy products during the week.' "

The teenagers also learn about benefits of breastfeeding in these classes. Says Kostak, "The girls are very receptive. They are not inhibited about asking questions and sharing information."

"As a result," says Kit Plourde, "we've had a big increase in breastfeeding teenagers. Four years ago, before our coordinated education program started for teens, the majority of them were not breastfeeding. Now the majority are breastfeeding from 2 to 6 weeks. And, if the girls want to breastfeed when they go back to school, the schools are supportive. I know of at least one teenager who went back to school and was able to breastfeed in a room provided by the school nurse."

Sharing resources

A common bond that all WIC directors and nutritionists share is that they don't work in a vacuum. They are part of the community they serve. As a result, they participate in a give-and-take: giving of their services and taking the services of others to benefit the community as a whole.

Some of the service agencies WIC personnel regularly use are: the Cooperative Extension Service, Dairy Councils, the Red Cross, the March of Dimes, the La Leche League, lung associations, state departments of health and nutrition, community action programs, food banks, and public health departments.

Many WIC offices receive materials from the Cooperative Extension Service. In addition, in some communities the Extension Service refers possible participants to the WIC office, and the WIC office refers participants who might need additional information and attention to a home economist working in Extension's Expanded Food and Nutrition Education Program (EFNEP). In some communities, Extension Service personnel do food demonstrations at the WIC offices as well.

From the other service agencies the WIC offices receive printed materials and audiovisuals on such topics as prenatal nutrition and health, breastfeeding, and smoking and pregnancy. When appropriate, WIC personnel refer their participants to these agencies for information and help. They also gain new participants from referrals these agencies make to them.

article by Bonnie W. Polk
photos by George Robinson

A Look At Three Urban WIC Programs

Barbara Fritz, Hilda Whittington, and Jean Davis direct large urban WIC programs in Cincinnati and Chicago. All three have been with WIC since its beginning, and their enthusiasm and support for the program have continued unabated. They have a lot to say about the changes they've seen over the years, the challenges they've faced, and the successes they've had.

Before the WIC program began in January 1974, Jean Davis had spent 5 years working with "Operation Nutrition" in the suburbs of Chicago. This program involved the distribution of USDA surplus commodities to needy pregnant women.

"But after travelling from suburb to suburb, sometimes 200 miles a day, I wanted a change and a chance to work in more of a community setting," says Davis. A registered dietitian with a master's degree in public health, Davis found that setting when she took the position of WIC director in 1974 at the Mile Square Health Center (MSHC), a nonprofit community health center on Chicago's west side.

While Davis was contemplating her career shift in 1973, Barbara Fritz was coordinating school and community relations in Cincinnati, Ohio. Fritz had become involved in public housing and education issues during the 1960's and learned about WIC through a friend.

"I had never heard of any program that made such sense," Fritz recalls. "It hit me like the proverbial ton of bricks." She applied for and obtained a staff position in the Hamilton County WIC program of the Cincinnati Board of Health (CDM), and a year later was appointed WIC director.

Hilda Whittington came to the Chicago Department of Health (CDH) as a public health nutritionist in the fall of 1973 and was asked to develop the WIC program and counsel clients who received various health care services. She had just completed her master's degree in public health, having already become a registered dietitian.

"The city's WIC program began in a storefront clinic on the lower west side," she remembers. "When we started, I was certifying and counseling clients, and we were given a temporary CETA worker who helped give out the food vouchers."

Hilda Whittington (left) directs the WIC program operated by the Chicago Department of Health. She has seen it grow from one site a decade ago to 10 sites today. Here, she talks about the day's schedule with her assistant, dietitian Min-I Lee, one of 84 people Whittington supervises.

Programs have grown and changed

For Barbara Fritz, spreading the word about WIC has been her biggest challenge and ultimate success. "In an urban area like Cincinnati, the most important thing I can do is to develop communications networks to let every possible person know about WIC," she says.

"For 10 years, I have been building networks with community groups, churches, and over 300 human resource agencies and organizations in Hamilton County." Ten years of hard work, full of meetings, outreach efforts and appearances before the media, have paid off.

"Although Cincinnati is only the third largest city in Ohio," she says, "it has the largest WIC program in the state, serving about 15,000 clients."

The Chicago Department of Health's WIC program is also large. At the end of its first year of operation, the storefront clinic was serving about 3,000 women and children. Today, CDH has 10 WIC sites serving approximately 27,000.

Getting information out to the public was not a problem in Chicago, according to Whittington, who is now acting director of CHD's nutrition division. "Clients found out about WIC, either through word of mouth or through referral to our clinic from other clinics in the department," she says.

"We were initially overwhelmed with referrals and had not anticipated that the program would catch on as fast as it did. What kept us busy in those first years was building up our recordkeeping, reporting statistics, and, of course, obtaining enough staff," she adds. "We had to pull nutrition staff from other city clinics to help out."

At the Mile Square Health Center, Jean Davis saw about 1,000 WIC clients in 1974. "To me, Mile Square was like a piece of cake compared to reaching clients in the far-flung suburbs," she says.

At that time, the Mile Square Health Center served what its name implies, a square-mile area, extremely impoverished, on Chicago's west side. "It was easy to contact patients because of the housing

situation, with mostly apartments and housing projects close together," says Davis.

Until 1982, both Mile Square and the Chicago Department of Health operated WIC programs within designated geographical areas of Chicago. "We had many complaints about the geographical boundaries, which were difficult to explain," says Whittington. "Many potential clients felt discriminated against."

She remembers cases in which one neighbor living across the street from another was unable to participate in WIC while the other was, "just because she was outside the boundary limit and the other was inside."

During 1981, the Illinois Department of Public Health and local WIC agencies worked on an expansion plan. As a result, there are now 13 WIC sites serving all of Chicago. In addition to Mile Square and the 10 CDH clinics, there are two smaller WIC sites at Roseland Hospital and the Altgeld Clinic.

Two delivery systems used

Once certified as eligible for WIC, participants are authorized to receive a food package worth an average of from $25 to $35 a month. But how they actually obtain their supplemental foods varies from community to community.

In Cincinnati, a dairy truck delivers WIC foods to program participants. The delivery man is given a list of WIC participants and the food packages that have been specifically tailored for them by a WIC nutritionist.

For example, a woman and her infant may receive a carton with milk, eggs, cheese, orange juice, infant formula, and cereal. In order to prevent spoilage, any fresh foods in the WIC package, such as milk or eggs, are delivered once a week.

"For Cincinnati, the dairy delivery system has worked very well," says Barbara Fritz. "There are no big superstores in the inner city where many participants live, and prices tend to be sky high at smaller corner grocery stores."

In Ohio, each county decides whether it wants to use the dairy delivery or the food voucher system. In 1974, the Cincinnati Board of Health, which operates the WIC program in all of Hamilton County, decided to use the dairy delivery system.

The Ohio Department of Public Health then solicited bids from dairies and awarded a contract to the lowest bidder. For items such as infant formula and dry cereal, the dairy subcontracts with suppliers of these products.

"When a family reports that it didn't receive its monthly food package, we can check with the driver," explains Fritz. She works on keeping a good relationship with the dairy company, and out of about 14,000 deliveries a month has found only a few mistakes. "Besides being convenient for participants, the dairy system assures, by law and by contract, that only the proper foods are delivered to participants," says Fritz.

At the Chicago Department of Health WIC sites as well as the Mile Square Health Center, participants receive vouchers listing the supplemental foods they may purchase at local grocery stores. They pick up their vouchers during the first week of each month, on a day designated according to the first letter of their last names.

"More than 400 local stores are under contract with us to provide WIC foods," explains Hilda Whittington. These include chain stores, independent grocers, and even drugstores that sell infant formula. One person on Whittington's staff devotes full time to monitoring the retailers to make sure they are providing the foods specified in their contracts.

At Mile Square, Jean Davis has arranged for 51 stores in her now expanded service area to accept WIC food vouchers from participants. "I train the vendors myself about what foods they can allow," she says, "and once in a while I have to counsel grocers who I've found may be breaking the rules."

Nutrition education makes a difference

"One of the happiest moments for me was when one of my grocers made a special trip to my office to see 'who is in charge of this WIC program,'" recalls Davis. "He said that prior to WIC. many of his customers would just come in and shop. "Now, his WIC customers read labels on cans and packages. He told me he had seen the change in the clientele and wanted to know 'why all of a sudden people were talking about brands and quantities and quality in the foods they were getting.' That made me feel so good!"

What had happened was that participants at Mile Square, like those everywhere else, were receiving nutrition education on a regular basis. In Chicago, as in Cincinnati, WIC clients are counseled individually during their initial visit, then take part in a variety of group activities. Davis, Whittington, and Fritz view nutrition education as a vital part of WIC and give it high priority in their programs.

Cincinnati's Barbara Fritz supervises the largest WIC program in Ohio. Ten years of hard work have paid off, she says, and she's proud of the huge referral system she's helped build.

Jean Davis is WIC director of the Mile Square Health Center on Chicago's west side. A firm believer in staff development, Davis has hired and trained a number of former WIC participants.

Another shared interest is dental health, and all three directors include information on diet and dental health in their educational activities.

"Before I would see the patients referred to me by a physician," says Davis, "I wanted them to see the Mile Square dentist because so many of them had bad teeth."

She recalls many mornings when mothers would bring in children who complained of pains and stomach aches but who were really suffering from toothaches.

Her push for dental care paid off when the Mile Square management hired a children's dentist in 1980. "We now have a pedodontist here because of the WIC program," she states proudly. In addition, all children on WIC see a pediatrician. "The head of pediatrics here is very happy because all of the kids now get immunization shots."

Planning for the future

With all their administrative responsibilities, the three WIC directors admit they miss working with clients. "I become dismayed sometimes because I feel removed from the patients," says Fritz, who manages a staff of 40. "But I do talk to a mother or two occasionally and go on visits to different clinics."

Davis concurs. "In this field, you have to like dealing with people and hearing about their problems. I miss that one-on-one contact."

Hilda Whittington also misses providing direct service to clients. But, she says, "I became interested in administration because I wanted to influence the delivery of health care services to clients."

In the future, Whittington, whose staff includes 84 persons, sees more emphasis on teamwork. In clinics providing WIC services, there will be more coordination with social workers, nurses, and hypertension screening specialists.

Also, the clinic staff will be working to make WIC clients more aware of the availability, at larger neighborhood health centers, of such specialty services as podiatry, internal medicine, and X-rays. "We will be serving more clients and expect, in 1984, to reach our assigned caseload of 35,000," says Whittington.

A local agency's caseload, or the number of persons that may be served, is dependent on available funds and is assigned by the state agency. At Mile Square, the number of WIC clients has grown from 1,000 persons in 1974 to an assigned caseload of 12,000 in 1984.

"I have always been able to convince the state agency in Springfield that I will be able to fulfill our caseload as assigned," says Davis. "We will work on Saturdays if we have to in order to reach our caseload. As long as I can add additional caseload, that means more people can be served."

Davis has kept in touch with a number of her former clients and is proud of their progress. Over the past 10 years, 15 former WIC participants have worked at various times in the program.

"I also remember meeting several years ago a couple who had come to the clinic to enroll their new baby in the WIC program," says Davis. Recently, she saw them again and learned that they had both received college degrees.

A firm believer in continuing education, Davis emphasizes staff development and encourages her employees to further their educations. "If they have finished high school, I tell them to go further, to get more schooling and training that will help them grow," she says.

"I have three women who are currently working for me as clerks who were once WIC participants. All three are taking college business courses!"

At the Cincinnati Board of Health, Barbara Fritz continues building and maintaining networks to let the public know about the WIC program. In 1984, her caseload will be about 16,000 persons. She is pleased that, after a decade, Cincinnati has a huge referral system, involving community groups, churches, private hospitals and 11 health centers.

Fritz will also be focusing her efforts on reaching pregnant women early, in their first or second trimester. "Usually, we see them in their last trimester, but if we can get to more of them in time, we can make a difference in their having healthier babies."

At times, Fritz feels frustrated with the bureaucracy inherent in running any large social service program. "But when I've had it up to here with the bureaucracy," she says, "what renews me is how well the WIC program works and what a solid, practical, humane, and cost-effective program it is."

For more information, contact:
Barbara Fritz, Director
Hamilton County WIC Program
Cincinnati Board of Health
4860 Reading Road
Cincinnati, Ohio 45237
Telephone: (515) 242-4133

Jean Davis, Director
Nutritional Services and WIC
Mile Square Health Center
2045 W. Washington
Chicago, Illinois 60612
Telephone: (312) 942-3700

Hilda Whittington, Acting Director
Chicago Department of Public Health
Nutrition Division, WIC Program
Richard J. Daley Center, Room CL-88
Chicago, Illinois 60602
Telephone: (312) 744-3867

article by Victor Omelczenko
photos by Richard Faverty and Victor Omelczenko

WIC in Rural Colorado

The Colorado WIC program provides an excellent opportunity to observe a variety of delivery systems designed to meet the unique demands of rural communities.

WIC currently serves 45 of Colorado's 63 counties, most of them rural, and each one poses a specific set of environmental and demographic challenges. Consequently, each requires an innovative and adaptive response at both state and local administrative levels.

To illustrate the wide range of circumstances in which the WIC program has flourished in Colorado's rural plains and mountain communities, this article focuses on three local agencies: Prowers County (with its clinics in Lamar and Granada), Bent County (with its clinics in Las Animas and McClave), and Gunnison County (with its clinic in the town of Gunnison).

The clinics in these three counties, like most rural health programs, are operated by county nursing services. In one small office it is not unusual to find a public health nurse who, with a staff of paraprofessionals, is responsible for a number of different services: WIC, family planning, immunization, maternal and child health; prenatal and well-child care; nursing for the elderly; and Medicaid—as well as the school nursing service.

As Colorado WIC director Bill Eden says, "Rural public health services like having WIC because it is often the big draw—the carrot that brings people in. Then they can receive immunizations or other services they might need."

Under Eden's direction, the Colorado Department of Health has developed an excellent training and certification system for rural and nonrural WIC paraprofessionals. The system includes a detailed series of self-teaching modules, an efficient communication network providing access to Denver-based nutrition consultants, and instructions on how to inform potential participants of WIC services.

In addition, Eden has collaborated with Margie Hargleroad, nutrition consultant to the state's migrant health program, to establish an effective WIC delivery system for migrant farmworkers. The system, developed specifically for Colorado, is now being applied in other states with large migrant populations.

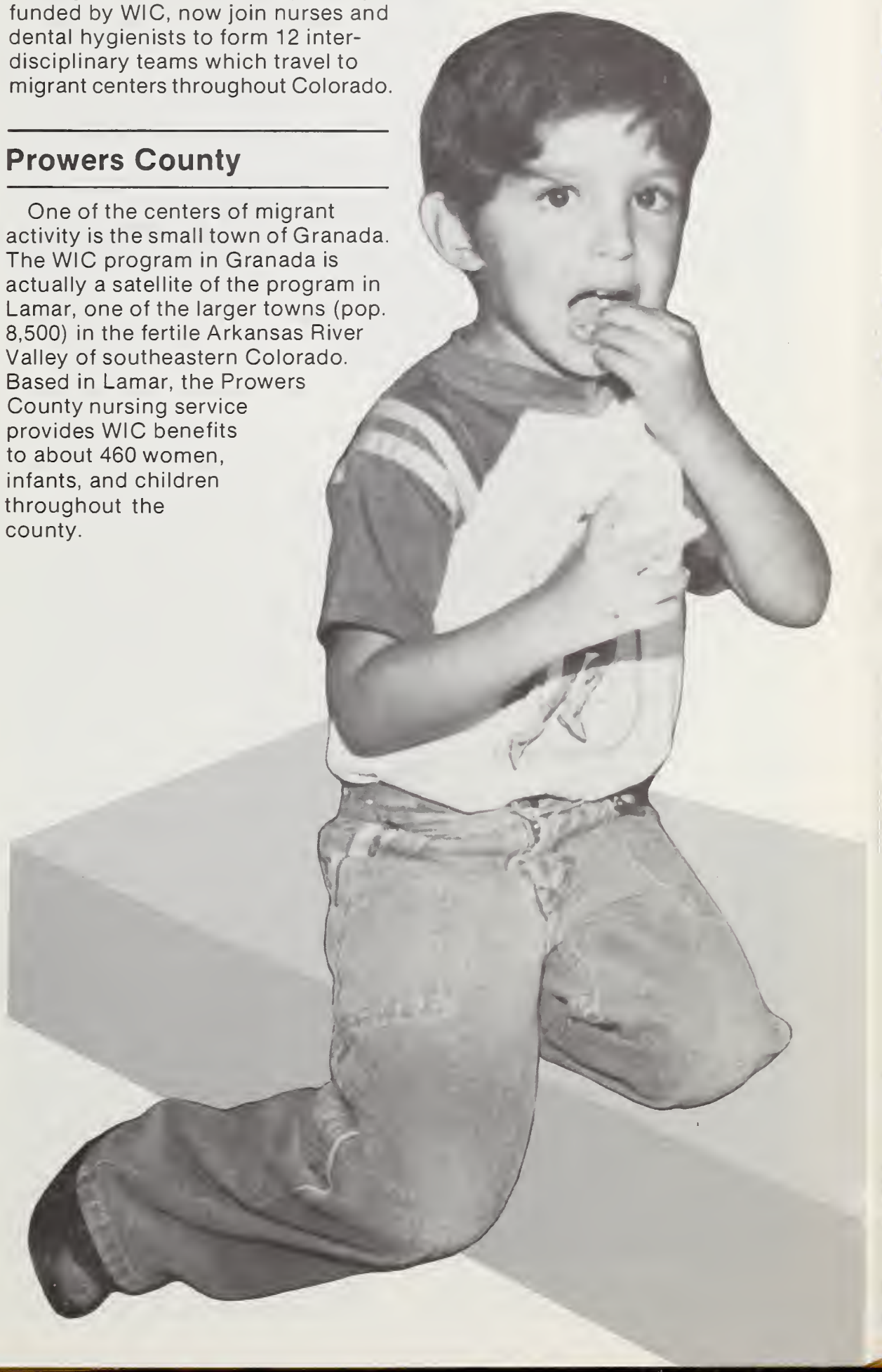
A major strength of the delivery system is its successful integration with other, existing health services for migrants. Nutritionists, partially funded by WIC, now join nurses and dental hygienists to form 12 interdisciplinary teams which travel to migrant centers throughout Colorado.

Prowers County

One of the centers of migrant activity is the small town of Granada. The WIC program in Granada is actually a satellite of the program in Lamar, one of the larger towns (pop. 8,500) in the fertile Arkansas River Valley of southeastern Colorado. Based in Lamar, the Prowers County nursing service provides WIC benefits to about 460 women, infants, and children throughout the county.

The staff consists of WIC coordinator Norma Rogers, who is a registered nurse; Mary Jane Torres, full-time WIC clerk; Veronica Losa, part-time WIC clerk; and Mary Guiney, migrant health services nutritionist, who spends about 60 percent of her time on WIC.

"Well over half of Prowers County WIC participants are Hispanic, and 20 percent—about 100 of our clients



Lamar, one of the larger towns in the fertile Arkansas River Valley, is the center of the Prowers County WIC program. From Lamar, WIC coordinator Norma Rogers and her staff operate special satellite clinics in nearby Granada for migrants who go there during harvest season.

—are migrants," says Rogers. The greatest numbers of migrants participate during the harvest season, but participation drops back in the fall.

Many migrants come to the farms around Granada from their home base in Texas to harvest the large onion and potato crops. One of the main residences for migrants is a housing project on the outskirts of Granada called Nueva Vista, and it is there, in a unit reserved for migrant health services, that the satellite WIC clinic takes place every Tuesday.

The migrant community is very close-knit, and information spreads quickly by word of mouth. So it is for WIC. Rogers says that WIC is extremely popular among migrants, and she feels confident that her staff reaches virtually all of the eligible migrant women and children in Prowers County.

Those who don't live at Nueva Vista manage to find transportation to the clinic. Every Tuesday cars and trucks filled with mothers and children arrive in slow, steady succession.

Reaching migrants is first priority

"Migrants are our top priority," says Rogers. "We never know if we will see them again after their first visit, so our main goal is to get the pregnant and breastfeeding women on the program immediately."

The result is that Rogers' staff uses an abbreviated application procedure for migrants. "No appointment is necessary," says Rogers. "We take them in immediately. We've learned to be flexible."

However, for their expedited service migrants also pay a price. Unless they come back for follow-up visits, they often go without the testing, monitoring, and counseling provided under more conventional circumstances. "It's not the kind of quality care we like to give," says Rogers, "but getting them the food is our main goal."

For instance, Denise Cruz, a young mother of four from near Lubbock, Texas, came in just long enough to register her two older children, having registered her two younger ones the week before.

After she had gone, Rogers examined one of the certification forms. Only the birthday and birth weight (5 pounds, 6 ounces) were filled in. The blanks for height, weight, and hematocrit were filled with the number "99"—the code for "unknown." Rogers says, "That's the story of the migrant."

To compensate somewhat for the migrants' transient and undocumented lifestyle, Rogers says clinics now provide them with "verification of certification" (VOC) cards, which they can carry from one location to the next. The VOC card, which is used by all WIC agencies serving migrants, helps to establish some history and continuity for the migrant WIC participant when she arrives at a new clinic. It also helps WIC personnel avoid needless and wasteful duplication of service.

To compensate for incomplete office visits, nutritionist Mary Guiney visits almost all pregnant and postpartum migrant women in their homes. She also has contact with migrants at the local migrant school, day care facilities, and weekly night clinic, but it is in the home that the most effective counseling takes place.

Guiney discusses with the mother the nutritional needs of her child, learns of any health problems in the family, and gives brief lessons in general nutrition and consumer education. "For instance, I explain the merits of iron fortification in formula. And I compare the cost of a glass of milk to a glass of soft drink to show that milk is cheaper and more nutritious. I do the same with an apple and a candy bar."

"Migrants are our top priority. We never know if we will see them again after their first visit, so our main goal is to get the pregnant and breastfeeding women on the program immediately."

—Norma Rogers, Granada, Colorado

Guiney adds that migrant families, though poor, maintain traditional cultural values and, therefore, are very polite and receptive of her educational efforts. "The ones who have settled out (left the migrant stream) are less receptive. They've become Americanized."

Ironically, it is this Americanizing process that is responsible in part for some of the common migrant health problems. "Migrants characteristically show symptoms of a basic nutritional inadequacy brought about by a deterioration of their traditional diet and a growing

tendency to select 'junk foods,' " says Guiney.

Guiney has observed that migrants' diets are frequently deficient in calcium and vitamins A and C, and they are too high in sugar and starch. Half of all the migrant children seen at the Granada clinic are anemic. Forty percent are overweight. Diabetes and hypertension are common among adults.

Language presents special problems

Efforts by the nutritionist and WIC staff to correct these problems are hampered by some formidable obstacles. Language is one of them. To overcome the language barrier, the state agency has worked hard to make its WIC education materials accessible to migrants. All Colorado WIC publications are now available in Spanish.

Yet, for most migrants the majority of nutrition education occurs orally—either through counseling during office visits or during Guiney's trips to their homes. Practically all conversation at the Granada clinic is in Spanish, with Mary Jane Torres, the most fluent of the WIC staff, doing most of the talking.

For migrants who speak little or no English, even an activity as routine as shopping in a grocery store can be an intimidating experience. Unable to ask questions, read labels, or seek help, they have difficulty selecting nutritious and economical foods. Though WIC clients are aided by their itemized food vouchers, they occasionally run into problems, too.

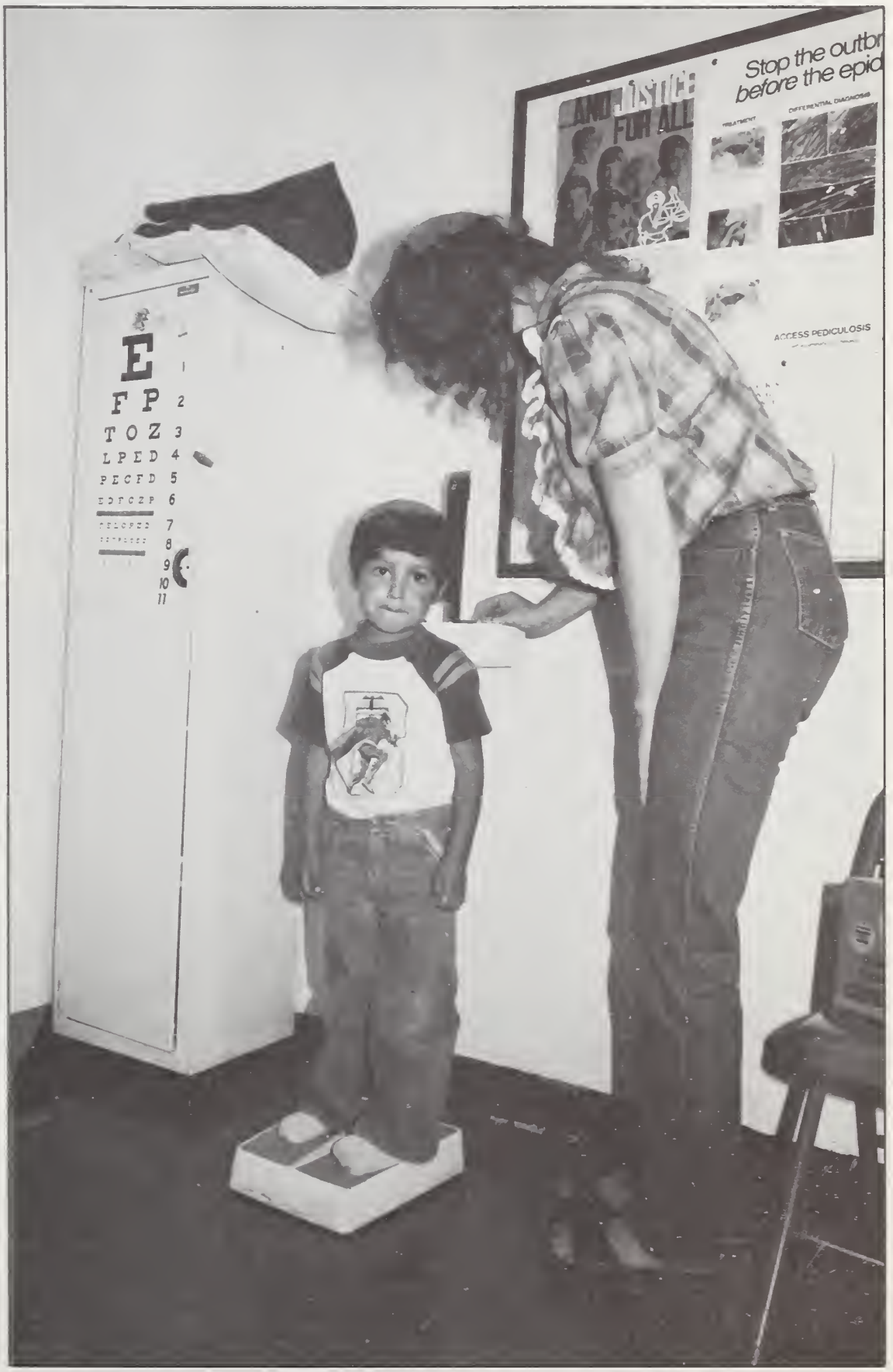
It is not uncommon for small, rural grocery stores to run out of certain items if demand surges unexpectedly. The Granada IGA market has run out of some WIC-eligible foods, such as juice, formula, even milk, when migrants arrive en masse. In those instances the store issues a rain check for the item, which generally means a delay of 2 or 3 days.

Still other factors aggravate the problems brought on by marginal nutrition. Teenage pregnancy is a relatively common circumstance among migrants. One girl who came in to the clinic inquired for her sister, who was 14 with a 10-month-old baby. Guiney also recalls having seen one 4-day-old child in Granada with a birth certificate from Lubbock, Texas. "That child traveled a long way in its first 4 days of life," she says.

Few migrant mothers breastfeed their children. Rogers puts the number at less than 40 percent. The reasons are not clear, but Rogers conjectures that, because many mothers work long days in the fields, breastfeeding just isn't convenient. They also may feel that breastfeeding is a backward, stigmatizing practice.

Rogers, Guiney, and the rest of the WIC staff attempt to dispel erroneous ideas and explain how to express and store milk, but so far they have met with little success.

All the more reason, says Rogers, why WIC is vital to the well-being of the migrant community. The food package with its iron-fortified formula, the referral system giving migrants access to the entire network of migrant health services,



Las Animas is headquarters for the Bent County WIC program. At a satellite clinic in an elementary school in McClave, WIC clerk Donna Lucero weighs and measures a young participant.

the nutrition education provided by Mary Guiney and her counterparts on other interdisciplinary teams across the state—all are essential components in WIC's effort to improve the quality of life among migrants in Colorado.

Bent County

Traveling west from Granada and Lamar along Route 50, one leaves behind the area of migrant concentration, but the character of the landscape remains unchanged: vast, cultivated plains of the Arkansas River Valley punctuated at intervals by small towns.

One of those towns, Las Animas (pop. under 3,000), is headquarters for another rural WIC program. This one is operated by the Bent County Nursing Service and staffed by Priscilla Nielsen, registered nurse and WIC coordinator; Donna Lucero, full-time WIC clerk; and Bonnie Miller, part-time WIC clerk.

The Bent County WIC caseload is currently 275 to 300 and growing slowly. It comprises almost equal numbers of Anglo and Hispanic participants, a third of whom are unemployed. Those who do work are mainly farmworkers, staff at the VA hospital, or assemblyline workers at Neoplan, a German bus manufacturing plant in Lamar.

As in Prowers County, WIC reaches a high percentage of the eligible population—"about 90 percent," says Nielsen—because the program is well known and the population is fairly stable. "Sometimes we miss farming families who can go a couple of years without showing any income and yet might not think of themselves as qualifying for WIC."

She adds, "We like to stress that WIC is a nutrition and education program rather than welfare. WIC is well integrated into the structure of the county nursing service, and so it is a nonthreatening way to make contact with the other health programs."

Bent County WIC coordinator Priscilla Nielsen and her staff work out of this community services building in Las Animas. "WIC is well integrated into the structure of the county nursing service," says Nielsen. As in Prowers and Gunnison Counties, the program is popular.

Service geared to clients' needs

Nielsen sees advantages to having a small program. "In a small office like this we can be more flexible and more intimately involved with our clients," she says. "Our counseling is one-on-one, and we adapt to the needs of the individual, treating not only nutritional problems but an entire spectrum of health disorders."

Mothers are willing to meet with WIC paraprofessionals because quite often they know each other on a social basis. Nielsen says, "Bonnie greets everyone like a long-lost daughter. These are people she knows. We have pregnant women who come in for WIC who haven't seen a doctor because they have no money. We help them get on Medicaid and work out payment plans with physicians if possible."

The popularity and high visibility of WIC also help the Bent County Nursing Service reach prospective clients in outlying areas. "There are some families in the McClave area we've been trying to immunize for years. When WIC moved in, we had a more frequent and prominent presence. We were able to remind these people of their need for immunizations."

Once a month, Donna Lucero and Bonnie Miller load up Lucero's compact station wagon with client charts, vouchers, scales, and other program paraphernalia and drive 25 miles east of McClave to conduct a satellite WIC clinic.

A room reserved at the elementary school serves as the monthly WIC clinic, and it is here that Lucero and Miller set up their equipment and begin what will be a full day of issuing vouchers, recertifying clients, and providing nutritional counseling. The school is otherwise vacant, but clients arrive, one after another, at their appointed times. In all, the McClave satellite operation serves about 40 women, infants, and children.

One of the mothers, Connie Enciso, comes in with her four children and a translator (Connie speaks only Spanish). Her husband is a farm laborer, and all of her children are on WIC.

For the children, Lucero brings out some toys and some small paper cups filled with vitamin-fortified cereal and unsweetened fruit juice. It is an effective way to introduce WIC participants to new and nutritious snack foods.

Asked if she likes WIC, Enciso answers, through her translator, "Yes, I like WIC because it helps me get milk and cheese for my children that I wouldn't be able to afford."

Other participants respond with similar enthusiasm. Becky Atkinson, mother of a 3-week-old boy, says, "I've learned a lot about what is important nutritionally for the development of the baby."

Patty Odell, mother of two boys, admits she was skeptical at first. "I thought people would just continue

to eat the way they always had. But I think the program does change the way you eat. It offers you new foods, and you learn to eat and enjoy them."

Despite encouragement from the WIC staff, the number of Bent County WIC participants who nurse their babies remains under 50 percent, as in Prowers County. Nevertheless, Lucero says that more mothers are at least considering it.

Progress in other areas, such as lowering the incidence of anemia, will undoubtedly come as WIC reaches into the remote corners of the county and slowly alters eating habits, as it did for Patty Odell and Becky Atkinson.

Gunnison County

If one continues to follow Route 50 west from Las Animas, it eventually winds its way up into the Rocky Mountains where the small towns, though still deriving their livelihood from the land, assume a character quite different from those of the Arkansas River Valley. Those differences are reflected in the WIC clientele and the way the program is delivered.

"We like to stress that WIC is a nutrition and education program rather than welfare. WIC is well integrated into the structure of the county nursing service, and so it is a nonthreatening way to make contact with the other health programs."

—Priscilla Nielsen, Las Animas, Colorado

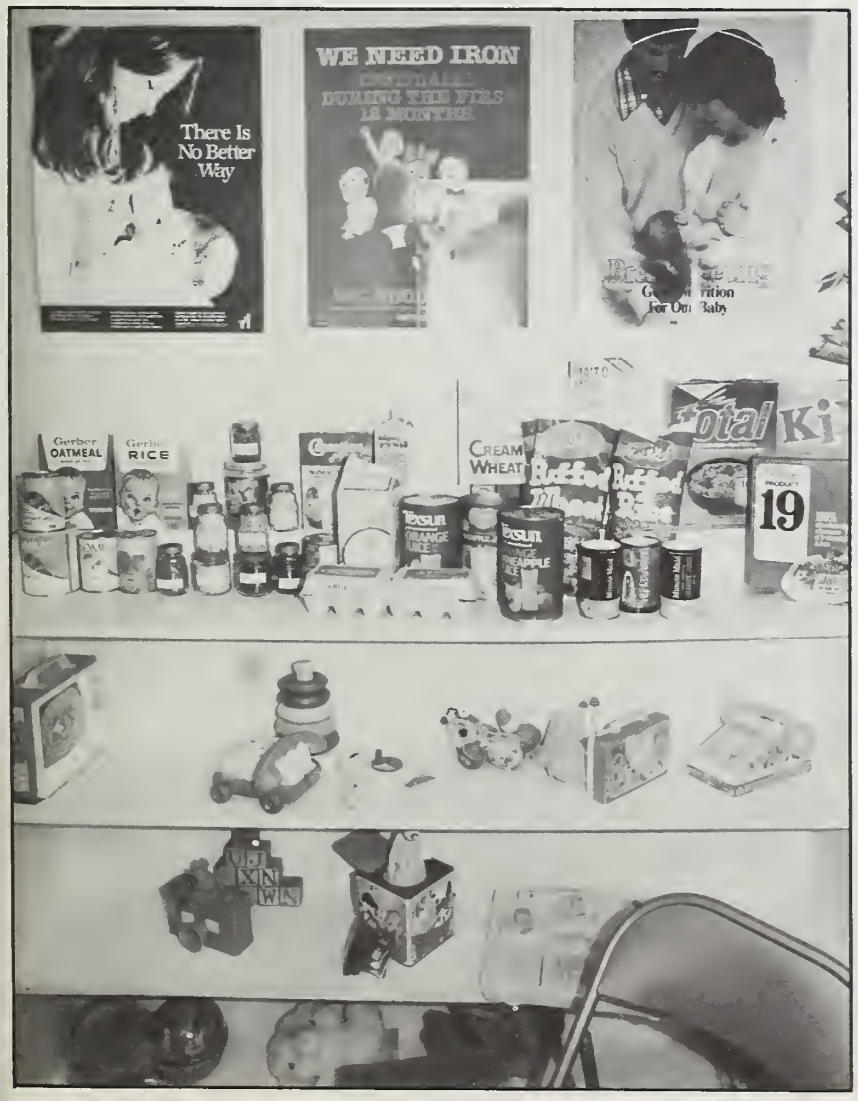
One such mountain community is the town of Gunnison, similar in size to Lamar and nestled in a high valley between mountain ranges at an elevation of almost 8,000 feet above sea level. Gunnison is in a historic mining area, and the mines are still a major source of income for the town. However, Gunnison is also the home of Western State College and a thriving recreational and tourist trade supported by the Crested Butte Ski Area nearby.

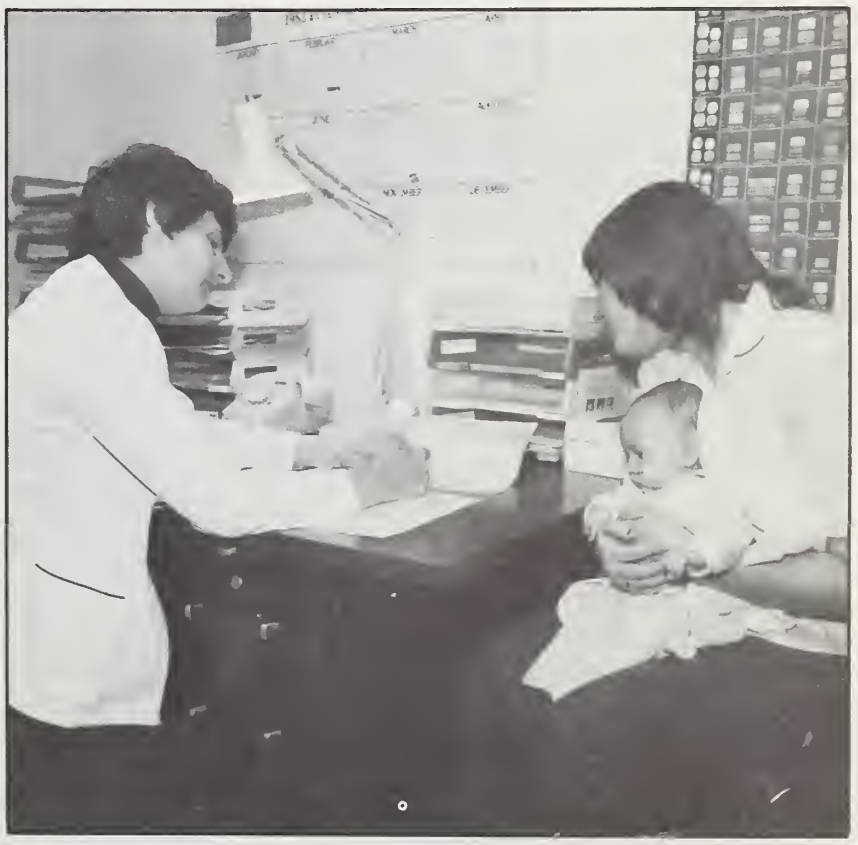
The convergence of these diverse forms of employment in one small town makes Gunnison's population atypical in some respects: the average education level is higher than normal and the average age lower. Nevertheless, the job market is relatively slow and low paying, especially now when the mines are operating far below capacity. As a result, it is a common practice in Gunnison for residents to work two or three jobs in various local cottage industries to make ends meet.

That is true even for WIC coordinator Donna Nielsen and her staff of one, Melissa O'Connor. They run their program 1 day a week in a converted house just off the main street of town, and they share facilities with other health programs of the Gunnison County Nursing Service. WIC in Gunnison may be a part-time job, but it is one, as Nielsen explains, they take very seriously.

More mothers seeking help

In spite of its small size (current caseload is 89), the Gunnison WIC program has more than doubled over the past 9 months, due largely to the lull in mining. "The recession is reaching us in kind of a delayed reaction," observes Nielsen. In April





Above: Gunnison WIC coordinator Donna Nielsen operates her WIC clinic 1 day a week in facilities shared with the other health programs of the Gunnison County Nursing Service.

Left: WIC foods and posters are displayed against a wall in the Las Animas clinic.

1983, Nielsen increased WIC service days from one Tuesday a month to three.

She interprets the recent growth in her program as an ever-stronger mandate for the services she provides, but it is taxing the limits of the Gunnison office's capabilities. "As the caseload increases, the quality of care suffers," says Nielsen.

"We just don't have as much time to devote to each person. We used to see every client at every clinic (once a month) for counseling. Now we counsel them every other month, though they still come in once every month to get their vouchers."

Nielsen's frustrations over limits of time and money disappear when she talks about her clients. "We have an extraordinary group here, to be sure. They certainly are not well off economically—meeting the income guidelines is almost never a problem—but they are well educated.

"Very few have not graduated from high school. They are extremely health conscious, inquisitive, and interested in the nutrition education we have to offer. Most are first-time moms, and they're motivated to provide high quality care for their children."

To illustrate the exceptional character of Gunnison's WIC clientele, Nielsen cites a surprising statistic: "Close to 95 percent of our mothers nurse their babies."

This is a much higher percentage than in the two Arkansas River Valley communities and especially surprising because most of the clients in Gunnison must work more than one job to make ends meet.

Participants see positive changes

The mothers who come in for their appointments say WIC has made a difference in what they eat and how they feel. Teresa Kooiman, mother of a 4-month old girl, says, "I love WIC. The nurses here are more helpful and ask more questions than the doctors do. And I think I'm a lot healthier than I would have been without the program."

Barb Sabin, a single mother of a 3-month-old son, says, "WIC is great. The staff are very supportive, and their program is educational. I don't like just cooking for myself, but their literature shows many recipes that are quick, easy, and nutritious. WIC has altered my eating habits."

Nielsen concentrates on printed nutrition education materials for her clients. "Our administrative budget goes for two things primarily: wages and publications," she says. "I spend about 2 to 3 hours a month assessing publications. They are an important tool for us."

Nielsen displays some of the brochures she likes. One is from the American Dental Association warning mothers that their babies can develop dental caries ("nursing mouth") if allowed to keep bottles of milk, juice, or other fluids in their mouths for long stretches at a time.

Another publication, *Recipes That Please*, was published specifically for WIC participants by Kellogg. "We get quite a few publications from large companies like Kellogg," says Nielsen. "I may hear of one that sounds good, and I'll write to the company to send us a copy."

Nielsen saves her pride and joy for last: an original, locally produced silk-screened poster about the Gunnison WIC program. The poster has a picture of a mother with two small children, a brief description of the program, a list of some WIC foods, and the clinic's address and phone number.

"We put it up in laundromats, banks, day care centers, and a few other places where it might reach prospective clients. The ones in the laundromats have been a great success."

Like her counterparts in Bent and Prowers Counties, Nielsen tries to get the most out of every dollar available to her.

"It is true that there are problems in delivering WIC to rural communities," says state WIC director Bill Eden, "principally higher costs, shortages of health care providers, fluctuating populations, isolation, and long traveling distances.

"But if we are to provide equitable high-quality service, we must continue to support these rural clinics. They are an important vehicle for preventive health care as well as WIC services."

For more information, write:
Bill Eden
WIC Program Administrator
Colorado Department of Health
4210 East Eleventh Avenue
Denver, Colorado 80220
Telephone: 303-320-6137 Ext. 233
article and photos
by David Lancaster

Setting Up A Multi-County WIC Program

It wasn't until May 1983 that Coles County in rural southeastern Illinois saw the beginning of the WIC program. By August 1983, WIC was serving 728 participants, not only from Coles County but also from four surrounding counties—Clark, Cumberland, Douglas, and Edgar.

How the Coles County Health Department was able to provide WIC services in five counties is another example of the effort and coordination needed to make WIC services available in sparsely populated rural areas.

Part of a state expansion plan

In January 1982, the Illinois Department of Public Health contacted Fred Edgar, commissioner of the Coles County health department and now also commissioner of its mental health department. The state agency had embarked on an ambitious plan to make WIC available in all of Illinois' 102 counties. However, limited administrative funds for WIC and the lack of public health departments in some rural Illinois counties made this goal difficult to achieve.

"The state turned to us and asked if we would be interested in providing the WIC program to Coles County and also to residents in adjacent counties," recalls Edgar.

Under the plan, Coles County was to serve as the administrative hub for the other counties, which did not have formal public health structures. Coles County had had a public health department since 1977.

"I saw a lot of need out there and definitely wanted to bring the benefits of WIC to this area," Edgar says.

After persuading his county health board to accept the program, Edgar put together a plan and a budget and approached officials from the surrounding counties. Nearby Douglas County, which had a county health staff of two persons, agreed to have one registered nurse work part time on certifying WIC clients and to let Coles County handle the administrative paperwork.

Cathie Reynolds, director of nursing for Coles County with responsibility for prenatal classes and immunization clinics, began the search for a WIC coordinator. Reynolds found Nancy Barnett, a nurse with a degree in both health education and special education.

"I was hired in April 1982 and began seeing my first clients in May," Barnett recalls. "After several months, I was doing physical assessments and nutrition counseling sessions for more than 450 participants."

Staff works to meet the need

Word of WIC had spread quickly through the five-county area. "We had flyers put into monthly mailings of public aid checks and food stamps," says Reynolds. "Newspapers and radio spread the word, too. Our biggest problem was serving all the people coming in."

Through careful scheduling, Barnett and Reynolds managed to serve the ever-increasing number of persons coming in for WIC. But for Barnett, frustration grew as she realized that rural transportation problems were affecting the delivery of WIC services.

"WIC participants already have low incomes, and I knew that those outside of Coles County sometimes had to travel 100 miles roundtrip to come in to be certified," she says. "Then, they would have to drive in again every month to pick up their food vouchers."

To better meet the needs of residents throughout the area, the Coles County staff developed a plan for satellite WIC clinics. Once again, Fred Edgar sought the cooperation of officials and organizations in surrounding counties, and this time, the approval of the Illinois Department of Health as well.

By the spring of 1983, Barnett and Reynolds were overseeing the opening of satellite WIC clinics in Clark, Cumberland, and Edgar Counties. The satellite clinics have been operating now for almost a year.

In Clark and Edgar Counties, registered nurses with the visiting nurses association certify clients for WIC twice a week. In Cumberland County, which now has a one-person health staff, the licensed practical nurse sees WIC clients one full day a week. In Douglas County, where the health department has grown from one to three persons, a licensed practical nurse sees clients a half-day each week.

"Now all WIC clients can pick up their food vouchers in their own counties and don't have to travel the long distances to our office," says Barnett.

Nutritionist works full-time

Since June 1983, Coles County has had a full-time WIC nutritionist, Brenda Franklin, who had previously worked with a multi-county WIC program in southeastern Iowa. Franklin provides new WIC participants in Coles County with their first nutrition counseling sessions and also arranges for later group sessions.

She also visits the four surrounding counties during the week food vouchers are distributed in order to provide WIC participants with their second nutrition education contact. The first nutrition education session for participants in the surrounding counties is done by the part-time staff who do the initial certification.

"I'm planning activities several months in advance so that the outlying counties can sign up participants for my group sessions," says Franklin. She has scheduled a new class on the importance of nutrition during a teen's pregnancy and is beginning a newsletter which will include recipes using WIC foods.

Franklin also draws upon volunteers, both students and faculty, from nearby Eastern Illinois University. "I've had six volunteers so far who've done food demonstrations, decorated clinics, and made posters on good nutrition," she says. She will also be having a volunteer from the university's department of dietetics demonstrate how to make baby food.

Benefits extend beyond food

The Coles County staff agree that food is what first brings participants into WIC. But, they say, the benefits extent far beyond food. For one thing, WIC has brought a more formal and effective system of nutrition education to residents in the area who previously had little access to nutrition information.

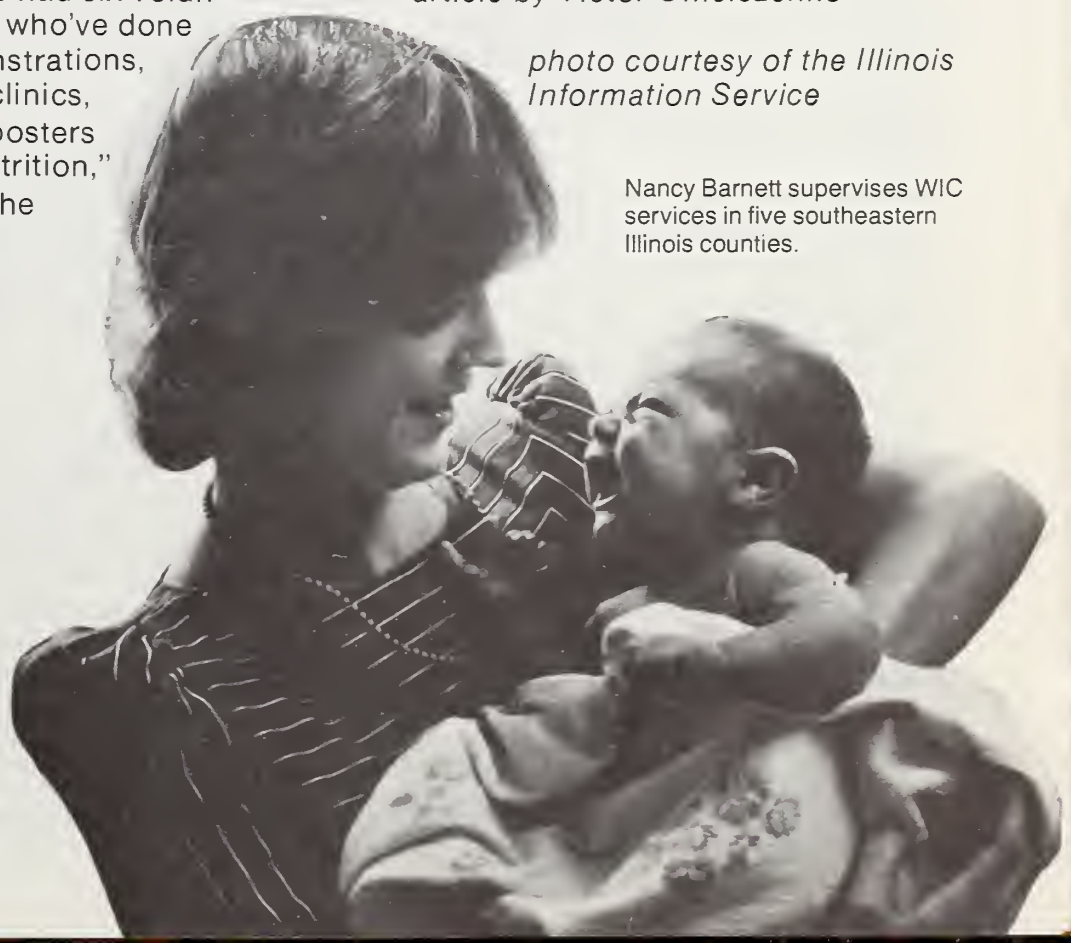
Also, says Nancy Barnett, "The program has brought in an influx of persons who didn't know about the other services our health department offers, such as prenatal classes and immunization clinics. We are constantly referring our WIC clients to these services, and the satellite clinics in the other counties also do referrals."

During 1983, the WIC program will be serving about 900 participants a month in the five-county area. From his post as county health commissioner, Fred Edgar says, "We're helping infants get off to a good healthy start in life, which I think will prevent a lot of problems later on down the road."

For more information, contact:
Nancy Barnett
WIC Coordinator
Coles County Health Department
P.O. Box 604
Charleston, Illinois 61920
Telephone: (217) 348-0530

article by Victor Omelczenko

photo courtesy of the Illinois Information Service



Nancy Barnett supervises WIC services in five southeastern Illinois counties.

245

Navajo Managers Reinforce Tradition

Two-year-old Brandon Johnson is a Navajo. Each month, he, his younger sister Briana, his mother and grandfather make the 90-minute drive from Two Gray Hills to the WIC clinic in Fort Defiance, one of 81 WIC clinics operated by the Navajo Tribe.

Brandon joined WIC in the summer of 1982 when he was just a year old. At his initial certification his weight was so low it didn't appear on the growth grid, and he was short for his age. Brandon's mother, Sylvia, began collecting the full WIC package for him, and within 6 months his weight and height had improved dramatically.

After a year of participation, Brandon was continued on WIC because of borderline anemia and his history of health problems. Brandon's mom has been learning how foods rich in iron and vitamin C will help him recover quickly and, the WIC staff say, he will probably need to be on the program for only a few more months.

Three years ago, the Navajos took over the administration of their WIC program from the state of Arizona. Today, they serve Brandon, his sister, and close to 15,000 other Navajo mothers and their young children.

"Operating our own WIC program is part of our desire for overall self-determination," says Kathy Arviso, who is in charge of food and nutrition services for the tribe. "The program is more efficient this way. We are closer to our people than a state agency can be, and better able to gear the program directly to the needs of the Navajos."

Navajos have direct control

The switch to a tribally operated program has given the Navajos direct control of funding and management. WIC coordinator Linda Christensen feels the tribe's experience with the state of Arizona prepared them well for the job.

"The people at the Arizona Department of Health were very thorough, conscientious program managers, and we benefitted tremendously from their administration," she says. "They did an excellent job getting the program established, and we have carried over many of their methods."

The Navajo Nation, the largest Indian tribe in the country, lives on a primarily rural reservation about the size of West Virginia. Its population of 200,000 is spread over parts of New Mexico, Utah, and Arizona. The WIC caseload includes members of the Hopi Indian reservation surrounded by the Navajo lands, and several hundred Navajo families who live in areas adjacent to the reservation.

"Most Navajos live in scattered clusters of a few families at most," says Christensen, "so we literally have to take the program to them." The tribe operates 17 major clinics with regular hours and 64 field clinics, which serve clients once or twice a month.

"There is no typical clinic," Christensen explains. "Many are in trailers, some are co-located with local health clinics, one is in a Head Start center, and another is in an old hospital building."

Severe winters and lack of transportation present problems for clients and clinic staff alike. Only a fourth of the roads on the large reservation are paved. "During bad weather many roads are impassable and families are stranded, unable to reach fresh food or water or to obtain medical help," says Christensen.

"The bad roads make pick-up trucks and four-wheel drive vehicles necessary. The high cost of these vehicles, the poor gas mileage they get, and the gas prices on the reservation really limit the travel possible."

Staff emphasizes nutrition education

Arviso and Christensen place their greatest emphasis on nutrition education. "We're not just giving away vouchers," Arviso says. "We teach these people something about food before they get it." Much of the staff training focuses on nutrition education, and Christensen is developing competency standards for the clinic staff which will help her standardize nutrition instruction among the clinics.

> **"Operating our own WIC program is part of our desire for overall self-determination. The program is more efficient this way. We are closer to our people than a state agency can be, and better able to gear the program directly to the needs of the Navajos."**
>
> *—Kathy Arviso, Navajo Nation*

One major thrust of nutrition education is breastfeeding. "We're pushing breastfeeding for a couple of reasons," says acting head nutritionist Ann Heist. "It will solve some of our major health problems—diarrhea, for example—and it is within the grasp of most WIC mothers, once we dispel the misinformation."

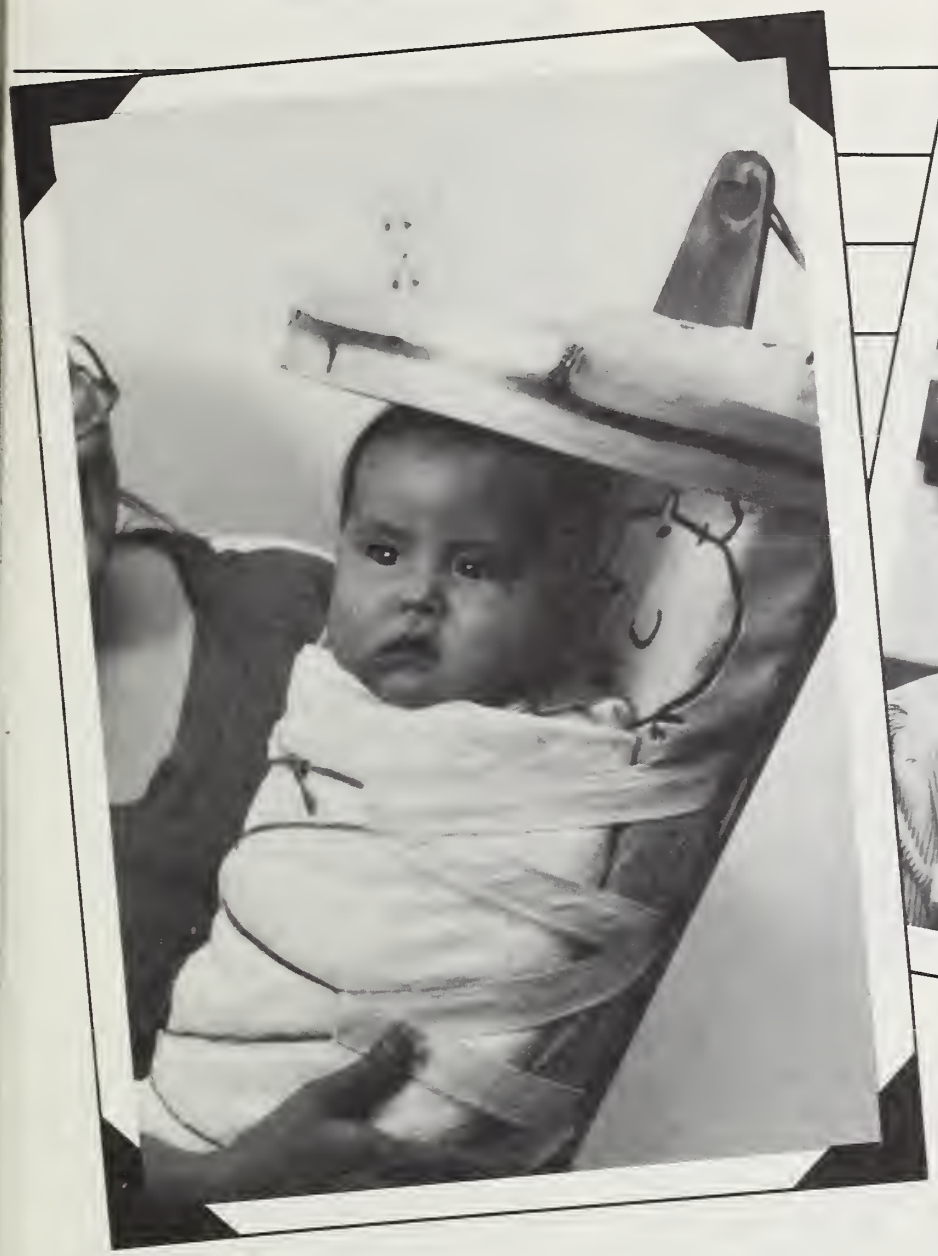
Digestive and respiratory infections are the third most frequent cause of hospital visits on the reservation. In 1980, the Navajo infant mortality rate due to infections and parasites was six times the national average. Half of those deaths were due to diarrhea alone.

Until recently, sanitation problems made it difficult for mothers to protect their babies' health. Some mothers were unknowingly mixing formula with bad water. Others, without refrigeration, were giving their babies bottles that had spoiled between feedings.

"It's hard to expect a mother to get up in the middle of the night, light a fire to sterilize a bottle, boil water for the formula, and then discard whatever is not consumed just so she can repeat the process a couple of hours later," says Heist.

Before 1960, virtually all Navajo infants were breastfed. Studies after 1960, however, showed a drastic drop in breastfeeding. This change, says Linda Christensen, is just one example of how contemporary practices, superimposed on traditional lifestyles, have had an adverse affect on the Navajos' health and dietary habits.

In the mid-1970's, when the WIC program opened on the reservation, nutritionists began efforts to educate Navajo mothers about the benefits and methods of breastfeeding. By 1981, a Ford Foundation



Kathy Arviso, director of food and nutrition services for the Navajos, is pleased with the tribally operated WIC program. The Navajos began administering their own WIC program 3 years ago.

study was reporting renewed interest in breastfeeding among the Navajos and attributing these increases in part to the efforts of the WIC program.

Other traditions also reinforced

The WIC staff reinforce traditional eating habits in other ways, too. For generations, Christensen explains, the Navajos enjoyed good health as gatherers and hunters and were free from many of the health problems of city dwellers.

Sheep and cattle herding provided plenty of fresh meat, and the native diet included a variety of fruits and vegetables. During the last 20 years, however, native foods have been replaced with modern convenience and snack foods, and the nutritional quality of the Navajos' diet has deteriorated.

Nutrition education in the WIC program includes instruction on how to create a balanced diet of traditional foods. "We have analyzed 80 of the traditional foods for their nutritional value," Christensen says, "things like blue corn mush, fry bread and yucca fruit, and have organized them into a unique set of the four food groups."

The cultural and religious beliefs of the staff and clients have also prompted some unique approaches to health education. "The human body is sacred to the Navajos so many clients are uncomfortable using pictures or models," Christensen says. "Instead, we use diagrams of sheep to teach WIC mothers about their bodies and the organs within them."

Medicine men are still very much a respected part of the health care of many Navajos. "The medicine man's role today is primarily a spiritual one," says Ann Heist. "Some health facilities maintain room for them to counsel patients and their families."

The health of the Navajos has improved significantly during the past few years. One sign of this is the drop in infant mortality. According to Dr. Jerry Nasenbenny, chief of pediatrics at the Indian Health Service Hospital, there has been a 50-percent drop in the number of infant deaths caused by diarrhea.

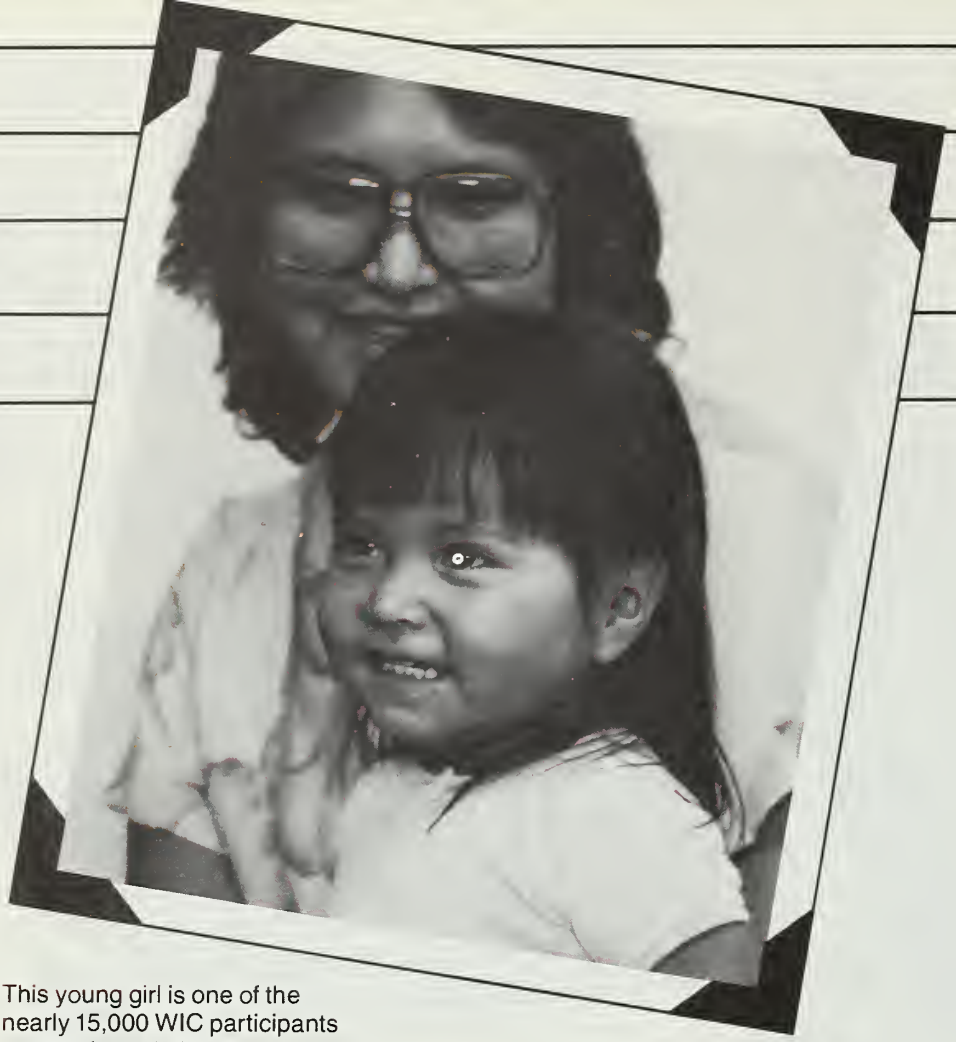
WIC administrators can take part of the credit for this improvement, but they are quick to point out that many programs have made a difference in the conditions on the reservation.

As Christensen says, "WIC is one of a network of food and health assistance programs which have only recently become available. Together, they have had a significant impact on the health of the tribe as a whole."

And, Dr. Nasenbenny adds, "Sanitation has improved dramatically, there is better access to health care, and about half the population has good water at last."

Changes make a difference

Bob Kragh, federal WIC program



This young girl is one of the nearly 15,000 WIC participants served through the Navajo Nation's WIC program.

Mobile WIC Teams Go Where the Need Is

To most people the initials W-I-C stand for the Special Supplemental Food Program for Women, Infants, and Children, but to some WIC managers in Texas, New Mexico, and Arkansas, WIC also means travel.

Although the areas these managers work are vastly different, the reasons they travel are basically the same. Either the existing health care system is incapable of handling the expanded caseloads that seem to follow WIC or the population is so scattered it is financially impossible to have full-time WIC staff in each locality.

Travel in teams and individually

Poorly staffed county health clinics already bursting at the seams with patients made it clear from the beginning that some alternative would have to be found to bring WIC to the people around Victoria County, Texas. "Cramped quarters with wall-to-wall humanity" is the way Victoria City-County WIC project director Art Fuston describes it.

His alternative method is two mobile WIC teams consisting of registered nurses, licensed vocational nurses, community service aides, and clerks. The teams, totaling 12 people including Fuston, are based in Victoria and travel seven surrounding counties carrying WIC services to about 4,000 participants.

Population density dictates the travel method for Gwen Bounds and Millie Mondale. Bounds, a public health nutritionist, serves about 400 WIC participants who live in and around Silver City, New Mexico. One day each week, she takes WIC to close to 100 additional clients in Lordsburg. The two cities are separated by 50 miles of wide open space with hardly any population.

Mondale works the heart of Arkansas' Ozark Mountains. Her caseload of roughly 1,000 is fairly evenly distributed throughout the six-county area she covers. That translates into extremely small

director for the western states, feels the Navajos are extremely capable administrators. "There's no question the Navajos can run their own program," he says. "They're doing it, and very well. The tribe has a larger caseload than ever before, and they are using the additional administrative monies they receive to improve outreach and nutrition education."

Last year, Navajo WIC administrators reduced the cost of the average food package by more than a dollar, in spite of inflation, by eliminating vendors who were charging excessive prices. The change resulted in savings of $14,000 per month compared to the previous year.

Kathy Arviso is pleased about the success of the program under tribal direction. "The Navajo people accept the program very well," she says. "They recognize it as an opportunity to improve the health of their families."

The program has proved a benefit to the entire community. According to Arviso, vendors are stocking more foods—and *better* foods—because WIC mothers are asking for them.

Joann Smith is one Navajo mother who has seen WIC improve her family's health. Each month Joann and her husband Danny drive the 15 miles to Gallup, New Mexico, to take their 6-month-old daughter Tiffany to the WIC clinic.

Joann's sister had told her about the program that would give her "good nutrition help" during pregnancy. Joann was encouraged to join because of her young age and because she was underweight during pregnancy.

She says the best part of the program is the "lessons about what to eat" and "checking the baby—keeping track of Tiffany's health."

Joann and Tiffany have no idea of the history of the program or how it's run. They come to Gallup, just as Brandon Johnson and his mother go to Fort Defiance, because there are Navajo people there who are helping them live healthier, happier lives.

For more information, write:
Katherine Arviso
Division of Health Improvement Services
The Navajo Nation
P.O. Box 1390
Window Rock, Arizona 86515
Telephone: 602-871-4941

article and photos by Tino Serrano

caseloads when viewed on a county-by-county basis. Mondale travels to each county at least twice a month and more often if the caseload demands it.

Clients served in various ways

Bounds provides all facets of WIC from medical screening to issuing vouchers and giving nutrition education. There are certain advantages to having all services provided by the same person, she says. "I get to know each participant better, which makes follow-up easier and basically improves the quality of care each person receives."

Fuston agrees with that concept, but points out that special efforts must be made to make sure participants are also being seen regularly by other health care providers.

Local health clinics do not have room to house Fuston's WIC teams. "We set up shop wherever we can find a place to hang our hats," he says. "Our offices are located in church buildings, schools, a public library, and in one county we're located at city hall.

"Our separation from local health clinics is purely physical," he says, "since philosophically, we're on the same wave length."

Fuston's staff require written proof of pregnancy from the health clinic or a private physician for all prenatal participants. "That assures us that the participant has at least made the initial contact for medical care during pregnancy," he says. His staff maintain close contact with local health care providers, making and accepting referrals as the need arises.

Local networks are helpful

Fuston also uses his close ties with the local health clinics to build and maintain his WIC caseload. "When we get approval from the state health department to expand into a new county, our first contacts are made with the city and county government officials and with county health departments.

"Getting them involved makes WIC their project, too, and lessens the anxiety or reluctance we might otherwise encounter," he says.

Mondale cultivates a strong relationship with county health providers, too, but does so under a different set of circumstances. She works along side the clinic staff on "WIC day" and relies on them for medical screening of participants.

Local clinic staff members play a critical role as far as referrals go, but when it comes to reaching out into the community for potentially eligible participants, Mondale relies on word of mouth. Most of the communities in her northern Arkansas area are extremely small.

"There is a tremendous network among the people here," Mondale says. "I make it a point to stress in my nutrition education lessons that we want to get women and children on the program if they need it. Within a few weeks, I'll begin to see new participants who heard about WIC through friends or relatives."

Basic nutrition concepts stressed

Mondale feels she is reaching the majority of the people. "It's very difficult for me to figure out who we're not reaching," she says. "If I knew who they were, I'd certainly make the attempt to bring them in."

State health department statistics show that Mondale's "feeling" on the subject is right on target. She is reaching over 95 percent of the area's potentially eligible population. Her caseload remains fairly stable, she says, except for some fluctuation during the spring and summer when people's gardens are producing and their cows are giving lots of milk.

"Many of the women in this area shop for food and cook just as their mothers did. WIC gives them a new and usually better alternative to the traditional diet," Mondale says. "Most of the people are receptive to new ideas and appreciate learning more about nutrition, but occasionally they revert back to the old way of doing things."

Bounds has also made significant progress toward improving the eating habits of participants through nutrition education. In recent years, the acceptance of breastfeeding among young Hispanic women has been extremely low. Since Bounds' caseload is predominantly Hispanic, she emphasizes the advantages of breastfeeding for both mothers and infants in her classes. She's seen a significant increase in the number of mothers willing to try breastfeeding.

The majority of nutrition-related problems Bounds sees result from lack of income. The area's major industry is copper mining. When the mines were forced to close recently, unemployment reached as high as 40 percent.

"When there isn't even enough money for the bare necessities, the children, of course, get less to eat and medical care becomes out of the question except for emergencies," Bounds says. The economy is better now, but the improvement has presented Bounds with a new and unexpected challenge.

Many of the infants and children are now living with their grandparents while their parents look for work in other areas of the state, and Bounds finds herself in the process of repeating basic nutrition concepts for the new caretakers. No doubt she views the minor inconvenience as just a part of the job.

One quality all three WIC managers share is a firm belief in the program. "I'm proud to be associated with WIC," says Art Fuston. "All of us—my staff and myself included—benefit from the nutrition education and the awareness of how nutrition affects our health.

"A strong commitment to the program," he adds, "helps you over the hurdles—the constant travel, the crying babies, the hot crowded clinics. A commitment to the WIC concept is about the strongest motivation anyone could have."

For more information contact:
Art Fuston, Project Administrator
2205 Lone Tree Road
Victoria, Texas 77901

Millie Mondale, WIC Coordinator
Area 2 Regional Health Office
Second Floor, Old Federal Bldg.
Corner of Vine and Rush Streets
Harrison, Arkansas 72601

Gwen Bounds
Public Health Nutritionist
P.O. Box 2575
Silver Spring, New Mexico 88062

article by Kay Blakley

245

Teamwork Helps Prevent Vendor Abuse

Part of getting WIC food help to participating mothers and children is making sure grocers are complying with program rules. If grocers overcharge WIC customers, discount WIC coupons, or sell ineligible items, they deprive participants of the food they need and waste valuable program dollars.

Most grocers authorized to accept WIC coupons are eager to comply with the rules, but what about those who do not?

State and local WIC managers in North Carolina are getting some expert help in learning how to deal with problem grocers. In a pilot project to prevent vendor abuse in WIC, they've teamed up with the people who monitor grocers in the Food Stamp Program—the field staff of USDA's Food and Nutrition Service.

Betsy Davis (left), WIC coordinator of the Lincoln Community Health Center in Durham, talks with Gerald Holt of the Food and Nutrition Service's Raleigh field office. Davis and other North Carolina WIC managers are learning more about how Holt and her staff work with grocers.

FNS specialists provide experience

In one part of the project, completed last summer, state and local WIC managers accompanied Raleigh FNS Officer-in-Charge Gerald Holt and her staff on visits to 140 stores scheduled for food stamp monitoring reviews. During the visits, the FNS compliance staff modified the food stamp interview and added an extra section on WIC.

Alice Lenihan, nutrition programs administrator for the North Carolina Division of Health Services, says the visits were tremendously helpful. "We needed to learn how to look a vendor straight in the eye and handle those situations that are uncomfortable."

The FNS field staff have been authorizing and monitoring grocers for compliance with federal food stamp rules for more than 20 years, often confronting grocers who may be abusing the program. Lenihan feels the food stamp compliance staff provide a good role model for nutritionists, who normally perform the vendor monitoring in the local agencies.

"Obviously nutritionists are trained in nutrition and patient education," she says. "To approach a vendor concerning compliance is somewhat out of the realm of our training and experience."

Franklin County WIC director Diane Price already had a successful vendor monitoring program underway before the joint project began. She had monitored vendors routinely and had required them to attend training sessions. In order to learn more about monitoring, she visited stores with the FNS staff.

"Learning how to word your conversation with the store manager is important," she says, "because you don't want to put him on the defensive, but you do want him to know you mean business.

"I had always told my grocers that USDA representatives could come into the store at any time," she adds. "When I did walk into a store with the FNS specialist, it backed up what I had said and made my position more credible."

Debra Goode, nutrition director of the Cumberland County Health Department, also found the visits helpful. "They gave me the opportunity to see the way FNS specialists approach the vendor and the way an interview is conducted," she says.

Help each other spot problems

FNS food program specialists Teresa Trogdon Anderson, Elijah Haddock, and Paula Kermon, who did the grocer visits, found a high degree of professionalism in the local health officials who handle vendor monitoring.

While the FNS specialists were able to share their expertise with the WIC staff, they also gained a greater knowledge of the WIC program. Elijah Haddock became so impressed with the program that he now carries a card listing the WIC cereals and buys only those cereals for his family.

"When we started the project, our knowledge of WIC was book knowledge," says Teresa Anderson. "With the WIC staff, we went to stores and learned about the WIC foods, the forms used in the program, and how the program operates at the retail level.

"I also observed the certification of a WIC client to understand better the program differences between food stamps and WIC," she adds. "We now have a very beneficial mutual relationship with the state and local WIC staff. We try to share

as much information as we can about problem food stamp stores, and the WIC staff reciprocate by telling us about retail problems occurring with WIC."

The FNS specialists can now quickly spot-check WIC food supplies during food stamp store visits. If the WIC foods are low, they informally notify the WIC staff. This often leads to a follow-up visit to the vendor by the WIC staff. Stores that are found to be seriously violating WIC rules may lose their authorization to accept food stamps as well as WIC vouchers.

According to Alice Lenihan, local agencies have responded enthusiastically to the joint monitoring, requesting that it be expanded to other parts of the state. The state staff is also eager to continue the cooperative arrangement, which has helped them in their education efforts.

Efforts geared to prevention

An additional part of the pilot project involved a compliance investigation of approximately 20 WIC vendors by FNS compliance specialists. The stores were chosen based on computer reports that showed high risk factors such as higher-than-expected redemptions of WIC coupons.

Six of the 20 investigated stores were found to be overcharging for WIC foods, and disqualification procedures were begun on those vendors. Other problems that were uncovered included sales of some ineligible foods and failure by retailers to follow proper identification procedures.

Frequently, stores were allowing WIC participants to buy ineligible foods that were similar to eligible foods, such as fruit drinks instead of fruit juices. These vendors were sent warning letters.

Like food stamp compliance efforts, North Carolina's monitoring system for WIC is closely tied to vendor education. Monitoring is not always punitive, but a way to teach and correct problems.

"People in public health are interested in prevention," says Lenihan. "We would rather prevent problems than prosecute the vendor if we can, so our materials and efforts are aimed at prevention of problems."

If grocery clerks and managers do not understand why the WIC program allows only specific foods, time is taken during visits to explain to grocers why substitutions cannot be made.

The state's colorful poster picturing eligible and ineligible WIC foods has been a very successful tool for vendor compliance. The grocers are pleased with it since it is an ideal way to show participants what foods are allowed. Other tools developed include a cashier's booklet that allows clerks to troubleshoot problems on WIC transactions.

Some advice for other states

For other states developing compliance programs, Lenihan recommends allowing enough time to develop and print vendor materials properly. Also, she says, it's important to use the expertise of the state legal staff in developing contracts and procedures and preparing for vendor hearings.

"Obviously nutritionists are trained in nutrition and patient education. To approach a vendor concerning compliance is somewhat out of the realm of our training and experience."

—Alice Lenihan, North Carolina Division of Health Services

"If you take an adverse action against a vendor," she says, "you are talking about a good deal of money involved in that vendor's business and his reputation in the community.

"The WIC program has a good reputation and we cannot afford to tarnish it by allowing abuses," she continues. "On the other hand, you can't have a disqualification action thrown out of a hearing because you didn't handle it in a professional manner." She emphasizes the importance of learning about vendor hearings and the legal aspects of the vendor's due process rights.

As a result of the project, the state staff has redesigned the vendor monitoring system used by local agencies. Monitoring visits to vendors will be made once a year instead of every 6 months since the revised monitoring format will be a more objective and in-depth examination of vendor practices.

"We're modifying requirements to help us identify high-risk stores that may require compliance investigations," says Lenihan. "Local agencies will not be involved in the investigations since they are the educators and trainers for the vendors."

The state staff is also expanding its new automatic data processing component that statistically analyzes grocers' redemptions of WIC vouchers and tracks individual store volumes. This kind of computer monitoring has been getting excellent results in states such as California and Texas, which have been leaders in computer monitoring of WIC vendors.

Publicity is another important part of an effective compliance program. The North Carolina WIC staff furnished an article describing the WIC program and its vendor requirements to the state food dealers' trade publication. Vendor disqualifications from WIC, like food stamp disqualifications, can also be publicized to encourage volunteer compliance from grocers.

Alice Lenihan believes that any state agency that wants to improve its vendor monitoring system should utilize the experience of the FNS field staff. Their experience in working with grocers, combined with their enthusiasm for helping the WIC program, has been the key to building a successful vendor monitoring system in North Carolina.

For more information on North Carolina's vendor monitoring system, write:
Barbara A. Hughes
Division of Health Resources
State Department of Human Resources
306 N. Wilmington Street
P.O. Box 2091
Raleigh, North Carolina 27602
Telephone: 919-733-2351

article by Kent Taylor
photos by Larry Rana

UNITED STATES GOVERNMENT PRINTING OFFICE

Division of Public Documents, Washington, D.C. 20402
Official Business
Penalty for Private Use, $300

Postage and Fees Paid
United States
Department of Agriculture
AGR-101
THIRD CLASS BLK. RT.
PERMIT NUMBER .005-5

Published four times a year by the Food and Nutrition Service, U.S. Department of Agriculture, Washington, D.C. 20250

John R. Block
Secretary of Agriculture

Mary C. Jarratt
Assistant Secretary

Robert E. Leard
Administrator
Food and Nutrition Service

Jan Kern, Editor
Jan Proctor, Art Director

Yearly subscription: $7.50 domestic, $9.40 foreign. Single copies: $2.75 domestic, $3.45 foreign. Send subscription orders to: Superintendent of Documents, Government Printing Office, Washington, D.C. 20402. These prices are subject to change without notice by the Government Printing Office.

The Secretary of Agriculture has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. The use of funds for printing this publication was approved by the Director of the Office of Management and Budget through March 31, 1984.

Prints of photos may be obtained from Photo Library, U.S. Department of Agriculture, Washington, D.C. 20250.

Reference to commercial products and services does not imply endorsement or discrimination by the Department of Agriculture.

All programs of the U.S. Department of Agriculture are available to everyone without regard to race, creed, color, sex or national origin.